

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**07 MAR -2 AM 11:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3546332

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LAMONT, DAVID  
3040 GULF TO BAY BLVD.  
CLEARWATER, FL 33759

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**400092277334**  
03/12/07--01017--010 \*\*3961.25

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MONGELLUZZI, CHRISTOPHER F  
STREET ADDRESS 30750 U.S. HWY 19 NO.  
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE D  
NAME MONGELLUZZI, ANNE  
STREET ADDRESS 30750 U.S. HWY 19 NO.  
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE D  
NAME MONGELLUZZI, FRANK L  
STREET ADDRESS 30750 U.S. HWY 19 NO.  
CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

**K. Eckel MAR 05 2007**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Frank Mongelluzzi** 216 607

Date

Daytime Phone #