2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000103120

LYNNE W. SPRAKER, P.A.



FILED Jan 22, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

815 COLORADO AVE, SUITE 103 STUART, FL 34994

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DO NOT WRITE IN THIS SPACE

| 1,45,1451114 | | | |
|--------------|----------|-----------------|--|
| 01082007 | No Chg-P | CR2E034 (11/05) | |

4. FEI Number 65-0880676 Applied For Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SPRAKER, LYNNE W 815 COLORADO AVE, SUITE 103 STUART, FL 34994

SIGNATURE:

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 argulatore required when reinstalling) DATE | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | | | | | |
| 10. | OFFICERS AND DIREC | TORS | | ···· | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPRAKER, LYNNE W 815 COLORADO AVE, SUITE 103 STUART, FL 34994 | | | | U00000536844 01/24/07-80012-015 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY: ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ⁻ | THIS SPACE | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 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. | | | | | | | | |