

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000106963

1. Entity Name

ONE-TWENTY-ONE INTERNATIONAL, INC.



FILED

07 JAN 22 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

225 WEST HAINES BLVD  
LAKE ALFRED FL 33850

Mailing Address

P.O. BOX 1121  
LAKE ALFRED FL 33850-1121

2. Principal Place of Business

225 W. HAINES BLVD

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1121

Suite, Apt. #, etc.

City & State

LAKE ALFRED FL

City & State

LAKE ALFRED FL

Zip

33850

Country

U.S.A.

Zip

33850

Country

U.S.A.

4. FEI Number

59-3553649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

07

6. Name and Address of Current Registered Agent

WALKER, WILLIAM B  
795 FISHER LANE  
LAKE ALFRED FL 33850

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*W. Walker*

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

(NOTE: Registered Agent signature required when reinstating)

12/29/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME WALKER, WILLIAM B JR  
STREET ADDRESS 795 FISHER LANE  
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE V ☐ Delete  
NAME WALKER, WILLIAM B  
STREET ADDRESS 795 FISHER LANE  
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE ST ☐ Delete  
NAME WALKER, JOANN  
STREET ADDRESS 795 FISHER LANE  
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 800086456268  
STREET ADDRESS 01/29/07--01050--027 \*\*150.00  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*W. Walker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/06

DATE

863-956-1333

Daytime Phone #