

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90048 040 ***150.00

DOCUMENT # P99000020196

1. Entity Name

WRITECODE, INC.



Principal Place of Business

17557 BUTLER RD
FORT MYERS FL 33912

Mailing Address

17557 BUTLER RD
FORT MYERS FL 33912



2. Principal Place of Business - No P.O. Box #

17557 Butler Rd.

Suite, Apt. #, etc.

3. Mailing Address

17557 Butler Rd.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

FORT MYERS, FL

City & State

FORT MYERS, FL

4. FEI Number 65-0901982

Applied For

Not Applicable

Zip 33967

Country USA

Zip 33967

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEUNIER, DAVID
17557 BUTLER RD
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name Meunier, David

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

17557 Butler Rd

City Fort Myers

FL

Zip Code 33967

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

David Meunier

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

(NOTE: Registered Agent signature required when reinstating)

3/27/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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 PDS
NAME MEUNIER, DAVID
STREET ADDRESS 17557 BUTLER RD
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE VPT
NAME MEUNIER, DAVID
STREET ADDRESS 17557 BUTLER RD
CITY-ST-ZIP FORT MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

David Meunier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

239-707-5942

Daytime Phone #