

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90070 049 ***150.00

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03092007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3594993

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, ELWYN S PRESIDE
5800.NW.39TH AVENUE
STE 101
GAINESVILLE, FL 32606-6972

7. Name and Address of New Registered Agent

Name Robinson, Elwyn S.
Street Address (P.O. Box Number is Not Acceptable)
3921 N.W. 97th Blvd, Ste #4
City Gainesville FL Zip Code 32606

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ROBINSON, ELYWN S	
STREET ADDRESS	5800 NW 39TH AVE STE 101	
CITY-ST-ZIP	GAINESVILLE, FL 326066972	
TITLE	V	<input type="checkbox"/> Delete
NAME	MENDOZA, PHILIP G	
STREET ADDRESS	5800 NW 39TH AVE STE 101	
CITY-ST-ZIP	GAINESVILLE, FL 326066972	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROBINSON, WANDA L	
STREET ADDRESS	5800 NW 39TH AVE STE 101	
CITY-ST-ZIP	GAINESVILLE, FL 326066972	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BOWERS, PAUL D	
STREET ADDRESS	5800 NW 39TH AVE STE 101	
CITY-ST-ZIP	GAINESVILLE, FL 326066972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robinson, Elwyn S.	
STREET ADDRESS	3921 N.W. 97th Blvd, Ste #4	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mendoza, Philip G.	
STREET ADDRESS	3921 NW 97th Blvd, Ste #4	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, WANDA L	
STREET ADDRESS	3921 N.W. 97th Blvd, Ste #4	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORONA, MARY	
STREET ADDRESS	3921 N.W. 97th Blvd, Ste #4	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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

4/11/07
Date

(352) 333-9566
Daytime Phone #