## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 13, 2007 8:00 am Secretary of State **DOCUMENT # S17012** 04-13-2007 90163 050 \*\*\*150.00 1. Entity Name FRED LADWIG ARCHITECT, P.A. Principal Place of Business Mailing Address 40059325 14147 GREENTREE TRL 14147 GREENTREE TRL WELLINGTON, FL 33414 US WELLINGTON, FL 33414 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 12765 W. FOREST HILL BLUD 12765 W. FOREST HILL BUD Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 CR2E034 (12/06) 1312 1312 City & State City & State 4. FEt Number Applied For WELLINGTON, FL WELUNGTON 65-0239114 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEIDLER LADWIG, PATTI Street Address (P.O. Box Number is Not Acceptable) 12765 W FOREST HILL BLVD **SUITE 1312** WELLINGTON, FL 33414 Zip Code City 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 revisitating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change -Addition TITLE ☐ Detete LADWIG, FRED NAME NAM: 12765 W. FOREST HILL BLUD #1312 STREET ADDRESS 14147 GREENTREE TRAIL STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL CHY-ST-7P WELLINGTON, FL 33414 TIT! F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete UNE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. Thereby 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 attact price with an another such as the component of the corporation of the co

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