## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Name INC.



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

5529 U.S. 98 N. LAKELAND, FL 33809 Mailing Address

人名英格兰 化二甲酚磺胺基磺胺甲酚胺甲基甲酚磺胺

5529 U.S. 98 N. LAKELAND, FL 33809

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01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3049283 Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILHELM, KENNETH F. 5529 U.S. 98 N. LAKELAND, FL 33809 DO NOT WRITE
IN THIS SPACE

LANELAN	D, FL 33009		Spilling (		THIS SPACE AND THE
	named entity submits this statement for the plions of registered agent.	Durpose of changing its registere	id office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	it applicable (NOTE Registered	i Agent signature	e réquiréd when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000649934 03/07/07-80071-016 150.00
10.	OFFICERS AND DIREC	CTORS	" # . ·	wall, to the	Company of the state of the sta
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAUNDERS, JOE L. 5529 U.S. 98 N. LAKELAND, FL			at the second	and the same of the second of the same of the same of the second of the same o
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TITLE NAME STREET ADDRESS		:	114 S. S. S	and respect to his of	en e

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #