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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

Principal Place of Business Mailing Address 26038 REED CT SE BONITA SPRINGF FL 33923-6603 Mailing Address 26038 REED CT SE BONITA SPRINGF FL 34135-6603				135-6603					
						3. Date Incorporated or Qual 07/11/1991		Date of La	
	lace of Business	<u> </u>	illing Address			4. FEI Number		-	Applied For
Suite, Apt.	. #, etc.	26 Sui	ite, Apt. #, etc.			5. Certificate of Status Desire	ed []	\$8.7	Not Applicat 5 Additional
		27							e Required
City & Stat	le	28	y & State			Election Campaign Finance Trust Fund Contribution	ing 🗀		00 May Be ded to Fees
Ziçi	Country	201)	Coun	try	This corporation has liability			
	25	29	44	30	· · · · · · · · · · · · · · · · · · ·	Florida Statutes	X Yes	□ No	
٥٢٥	9. Name and Address of Curre	nt registere	a Agent		31 Name	10. Name and Address of Ne	PW Hegistere	a Agent	
	BERRY, PHILLIP P 38 REED COURT SE					trans ID O. Doy N. John in No. 100		 _	
	NITA SPRINGS FL 33923					dress (P.O. Box Number is Not Acc	sebranie)		
				[€	33				
				8	34 City	**************************************	F	85	Zip Code
							_		
	to the provisions of Sections 607.05 registered agent, or both, in the Stati am familiar with, and accept the oblig	02 and 607.1 e of Florida. S gations of, Se	508, Florida Stat Such change was ection 607.0505, I	utes, the abo s authorized Florida Statu	ove-named cor by the corpora tes.	poration submits this statement for ation's board of directors. I hereby	r the purpose accept the ap	of changi opointmen	ng its registere t as registered
IGNATURE 2.	to the provisions of Sections 607.05 registered agent, or both, in the Stati am familiar with, and accept the oblig Signature, typed or proted nane of registered ag	gent and title if app	plicable (N	OTE: Registered /	Agent signature requ	poration submits this statement for alion's board of directors. I hereby alred when reinstating) ADDITIONS/CHANGES TO	DATE	ID DIREC	TORS IN 12
GNATURE L	Signature, typed or proted name of registered as OFFICERS AN	gent and title if app	plicable (N	OTE: Registered /	Agent signature requ	wred when reinstating)	DATE		TORS IN 12
GNATURE L LE ME	Signature, typed or periled name of registered as OFFICERS AN PEDBERRY, PHILLIP P 26038 REED CT SE	gent and title if app	plicable (N	OTE: Registered A	Agent signature requ	wred when reinstating)	DATE	ID DIREC	TORS IN 12
IGNATURE 2. BLE WE REEL ADDRESS TY-ST-ZH'	Signature, typed or priviled name of registered as OFFICERS AN P SEDBERRY, PHILLIP P 26038 REED CT SE BONITA SPRINGS FL 33923	gent and title if app	plicable (N RS DELETE	OTE: Registered / 13. 1.1 TITL 1.2 NAN 1.3 STRI 1.4 CFTY	Agent signature requires E AE EET ADDRESS (-ST-ZIP	wred when reinstating)	DATE	ND DIREC	TORS IN 12 nge
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Secretary of State

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