## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 12, 2007 08:00 AM **DOCUMENT # S94705 Secretary of State** 1. Entity Name 910 BRANDON, INC. Principal Place of Business Mailing Address 910 OAKFIELD DRIVE 910 OAKFIELD DRIVE SUITE 102 SUITE 102 BRANDON, FL 33511 BRANDON, FL 33511 01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0303976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LORCH, DANIEL G. DO NOT WRITE 910 OAKFIELD DRIVE SUITE 102 IN THIS SPACE BRANDON, FL 33511 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 | 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent binnature secured when retrefation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE LORCH, DANIEL G. NAME 910 OAKFIELD DR #102 STREET ADDRESS CITY-ST-ZIP BRANDON, FL D POWELL, RICHARD S. NAME U00000584394 01/12/07-80031-006\_150.00 STREET ADDRESS 910 OAKFIELD DR #102 BRANDON, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE WLE MANAG STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

Changed, or on an againment way as address, with as date; size empowere

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07

813-681-4413

Daylime Phone #

FILED