## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## **FILED** Mar 26, 2007 08:00 AM DOCUMENT # V36454 **Secretary of State** HUDEK AND COMPANY, INC. Principal Place of Business Mailing Address 106 COMMERCE WAY 106 COMMERCE WAY STE B3 STE B3 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suile, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & Zlato 4. FEi Numbor Applied For 65-0334440 Not Applicable Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, CHARLES R.L. Stroot Address (P.O. Box Number is Not Acceptable) 725 N A1A STE E102 JUPITER FL 33477 Zip Code 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. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Delete IIILE TITLE ☐ Change ☐ Addition HUDEK, DANIEL J. NAME 254 SUSSEX CIRCLE STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP IIILE Delete Change Addition U000000678507 NAME 04/03/07-80001-004 150.00 STREET ADDRESS. SURFET ADDRESS CITY - ST- ZIP CITY - ST - ZIP Change Addstion TITLE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAMI. NAME STREET ADDRESS STREET ADDRESS City-ST-ZiP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition ШЩ NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THLE ☐ Delete THE Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under eath; that I am an officer or director of the corporation or the refereiver 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 un address, with all other like empowered.