


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 285411 1. Entity Name LITTLE & CO., INC.	
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Principal Place of Business 3232 MAINE AVE EATON PARK, FL 33840 US	Mailing Address P.O. BOX 1849 EATON PARK, FL 33840 US
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1057016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, WYATT F JR.
3232 MAINE AVENUE
EATON PARK, FL 33840

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, GAYLE V 3232 MAINE AVENUE EATON PARK, FL 33840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, GAYLE V 3232 MAINE AVENUE EATON PARK, FL 33840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH JR, WYATT F 3232 MAINE AVENUE EATON PARK, FL 33840
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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:  **Wyatt F. Smith Jr.** 4-18-07 863 665 4887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #