


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 03, 2007 8:00 am**  
**Secretary of State**

08-03-2007 90021 011 \*\*\*150.00

**DOCUMENT # P02000025692**


1. Entity Name  
**CORBITT'S, INC.**



Principal Place of Business <b>950 PRIM AVENUE, #111          GRACEVILLE, FL 32440</b>	Mailing Address <b>950 PRIM AVENUE, #111          GRACEVILLE, FL 32440</b>
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**DO NOT WRITE IN THIS SPACE**

401202



07242007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>03-0424673</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORBITT, JAMES W  
 5383 MIXON STREET  
 GRACEVILLE, FL 32440**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 14, 2007**

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	P CORBITT, JAMES W 5383 MIXON STREET GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORBITT, JAMES W 1144 HWY 171 GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CORBITT, GAIL 5383 MIXON STREET GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: James W Corbett      7-25-07      850-2634855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT

40128169

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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### 2007 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

\*\* This information cannot be changed on the report. \*\*

Document Number P02000025692  
Business Entity Name CORBITT'S, INC.  
Original File Date 03/04/2002

FEI Number 03-0424673  
Principal Address 950 PRIM AVENUE, #111  
GRACEVILLE, FL 32440  
Mailing Address 950 PRIM AVENUE, #111  
GRACEVILLE, FL 32440  
Registered Agent JAMES W CORBITT  
5383 MIXON STREET  
GRACEVILLE, FL 32440 US

*WE ARE NOT GETTING FORM.  
OUR FIRST NOTIFICATION  
IS CALLED RECEIVED IN JUNE  
RICK BENSON*

#### Officer/Director Name And Address

P  
JAMES W CORBITT  
5383 MIXON STREET  
GRACEVILLE, FL 32440

VD  
JAMES W CORBITT  
1144 HWY 171  
GRACEVILLE, FL 32440

ST  
GAIL CORBITT  
5383 MIXON STREET  
GRACEVILLE, FL 32440

After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct and you do not wish to make any changes, please select:

If you need to make changes to the above information, please select: