

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR -9 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P96000073645

1. Entity Name  
FOUR PONDS ESTATES, INC.



Principal Place of Business  
8067 WOODVILLE HIGHWAY  
TALLAHASSEE, FL 32311

Mailing Address  
% NANETTE CAUSSEUX  
P.O. BOX 1229  
WOODVILLE, FL 32362

DO NOT WRITE IN THIS SPACE

04092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LAMB, MARION D III  
1972 RAYMOND DIEHL ROAD  
TALLAHASSEE, FL 32308

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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

Signature, typed or printed name of registered agent and title if applicable.

(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 PD  
NAME CAUSSEUX, NANETTE  
STREET ADDRESS PO BOX 1229 N/A  
CITY-ST-ZIP WOODVILLE, FL 32362

TITLE STD  
NAME ROBERTS, SUE P  
STREET ADDRESS PO BOX 117 N/A  
CITY-ST-ZIP WOODVILLE, FL 32362

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

100098563931  
04/25/07--01022--010 \*\*150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/07 245-6051