

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 288355 1. Entity Name FONTAINEBLEAU TERRACE, INC.	
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Principal Place of Business % HIDDEN LAGOON SUPER GOLF 14414 FRONT BEACH RD PANAMA CITY BCH. FL 32413	Mailing Address HIDDEN LAGOON SUPER GOLF PO BOX 18169 PANAMA CITY BCH. FL 32417-8169 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1264219 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CARPENTER, ELSIE S 14414 FRONT BEACH RD PANAMA CITY BEACH FL 32413	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P TAYLOR, PATSY C. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	#1 RAY COURT	NAME	
STREET ADDRESS	COLUMBUS GA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T CARPENTER, ELSIE L. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14414 W. HWY. 98 ALT.	NAME	
STREET ADDRESS	PANAMA CITY BCH. FL	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	V ROBERTS, JUDY C. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3118 BELLANCA ST.	NAME	
STREET ADDRESS	COLUMBUS GA	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S SEARCY, CHERYL C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	190 WHISPERING HILLS RD.	NAME	
STREET ADDRESS	MONTICELLO FL 32344	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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04/27/07-80055-011 158.75

12. I hereby 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 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: Patsy C. Taylor, Patsy C. Taylor, Pres. 3-23-07 850-234-9289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #