## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 26, 2007 08:00 A **DOCUMENT #418287 Secretary of State** 1. Entity Name ALTAMONTE REALTY INC Principal Place of Business Mailing Address **601 HILLVIEW DR 601 HILLVIEW DR STE 105** STE 105 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714 02082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-1477357 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HATTAWAY, ROBERT T DO NOT WRITE **601 HILLVIEW DR** ALTAMONTE SPRINGS, FL 32714 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 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10, OFFICERS AND DIRECTORS TITLE NAME HATTAWAY, ROBERT 601 HILLVIEW DR STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 TITLE NAME U00000677255 03/30/07-80096-024 150.() STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fitting 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 atter uith an address, with all other≀ik

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF