

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 419332

1. Entity Name
627 ELDRON DRIVE INC



Principal Place of Business
627 ELDRON DRIVE
MIAMI SPRINGS, FL 33166

Mailing Address
627 ELDRON DRIVE
MIAMI SPRINGS, FL 33166



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CARLSON, DAVID
627 ELDRON DRIVE
MIAMI SPRINGS, FL 33166

8. The above named entity submits this statement for the purpose of changing its re
the obligations of registered agent.

SIGNATURE

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

(NOTE)

State of Florida. I am familiar with, and accept

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	P
NAME	JAMES, JULIE C
STREET ADDRESS	790 MORNINGSIDE DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	S
NAME	CARLSON, DAVID
STREET ADDRESS	627 ELDRON DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	T
NAME	JAMES, CHARLES C
STREET ADDRESS	790 MORNINGSIDE DR
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80049-001 150.00

**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:

Julie James

JULIE JAMES

3-21-07

305 885 1623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #