


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # 586689 1. Entity Name JENNINGS RESORT, INC.	
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Principal Place of Business 4325 JENNINGS FISH CAMP RD LAKE WALES, FL 33898	Mailing Address 4325 JENNINGS FISH CAMP RD LAKE WALES, FL 33898
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DO NOT WRITE IN THIS SPACE



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1851569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JENNINGS, THOMAS E.
TWO EAST LAKE HOWARD DRIVE
WINTER HAVEN, FL 33881-3133**

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENNINGS, ROBBYE 4325 JENNINGS FISH CAMP RD LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JENNINGS, THOMAS E. 2 E. LAKE HOWARD DR. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENNINGS, JR., GEORGE D. P.O. BOX 39 LAKE HAMILTON, FL 33851
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEASLEY, MARGARET J. 1380 LUCERNE LOOP RD NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, ELIZABETH J. 9037 JANMAR RD DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/07-80021-011 150.00

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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: Thomas E Jennings 02-19-07 863-294-3528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS E JENNINGS