

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State



DOCUMENT # 594901
 1. Entity Name
 1770 LAS OLAS CORPORATION

Principal Place of Business
 1365 R, SR 206 EAST
 SAINT AUGUSTINE, FL 32086

Mailing Address
 1365 R, SR 206 EAST
 SAINT AUGUSTINE, FL 32086



01262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1870168 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, J. R
 1365-R SR 206 E
 ST.AUGUSTINE, FL 32086

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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. \$5.00 May Be Added to Fees

U00000622544
 02/13/07-80030-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HARRIS, J ROGER
STREET ADDRESS	1365 R S R 206 E
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	VD
NAME	HARRIS, JAY R
STREET ADDRESS	1365 R, SR 206 EAST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	DST
NAME	HARRIS, CAROL B
STREET ADDRESS	1365 R, SR 206 EAST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X Roger Harris 2/01/07 X 904 794 6598
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #