2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT# 690376

1. EntityName
ALTAMONTE DEVELOPMENT CORPORATION

PrincipalPlaceofBusiness
2925 WEST STATE 434
SUITE 111
LONGWOOD, FL 32779 US

MailingAddress
2925 WEST STATE 434
SUITE 111
LONGWOOD, FL 32779 US

04032007 NoChg-P CR2E034(11/05)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-2115071

AppliedFor
NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

GOODMAN, BARRY S.
2925 WEST STATE RD 434
SUITE 111
LONGWOOD, FL 32779

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature.typedorprintednameofregisteredagentandtitleifapplicable. (NOTE RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	GOODMAN, BARRY S.
STREETADDRESS	2925 WEST STATE RD 434 SUITE 111
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	FREEDMAN, JEROME B
STREETADDRESS	2925 WEST STATE RD 434 SUITE 111
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	T
NAME	KNOWLES, LISA A
STREETADDRESS	2925 WEST STATE RD 434 SUITE 111
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	S
NAME	HUGHEY, JOANNE
STREETADDRESS	2925 WEST STATERD 434 SUITE 111
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

U00000727004
05/04/07-80029-016 150.00

DO NOT WRITE IN THIS SPACE

12. Iherebycertifythattheinformationsuppliedwiththis filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectas ifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE Lisa A Knowles LISA A. KNOWLES, TREASURER 4/6/07 407-865-5849
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#