2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT# 690376

1. EntityName
ALTAMONTE DEVELOPMENT CORPORATION

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

DO NOT WRITE IN THIS SPACE

04032007 NoChg-P CR2E034(11/05)

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 _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE RegisteredAgentsignaturerequiredwhenre instating)

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#