
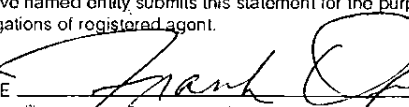


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90017 004 ****61.25

DOCUMENT # 705175 1. Entity Name HIBISCUS TERRACE, INC.					
Principal Place of Business 2400 N E 36TH ST LIGHTHOUSE POINT FL 33064			Mailing Address 2400 N E 36TH ST LIGHTHOUSE POINT FL 33064		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <div style="text-align: center; font-weight: bold;">NO-T APPLICABLE</div>	
5. Certificate of Status Desired <input type="checkbox"/>				<div style="text-align: center; font-weight: bold;">\$8.75 Additional Fee Required</div>	
6. Name and Address of Current Registered Agent GREGORY, HARTSHORN 2400 NE 36TH ST #7 LIGHTHOUSE POINT FL 33064			7. Name and Address of New Registered Agent Name DIXON, FRANK Street Address (P.O. Box Number is Not Acceptable) 2400 NE 36th STREET APT #12 LIGHTHOUSE POINT FL 33064		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and file if applicable</small> </div> <div style="width: 30%; text-align: center;"> FRANK DIXON, PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> 01/20/07 <small>DATE</small> </div> </div>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FLAMMIA, NANCY 2400 NE 36TH ST #3 LIGHTHOUSE POINT FL 33064 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD SULLIVAN, JANET 2400 NE 36TH ST #4 LIGHTHOUSE POINT FL 33064 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MILLER, JANE 2400 NE 36TH ST APT 8 LIGHTHOUSE POINT FL 33064 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GREGORY, HARTSHORN 2400 NE 36TH #7 LIGHTHOUSE PT FL 33064 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DIXON, FRANK 2400 NE 36TH ST 12 LIGHTHOUSE POINT FL 33064 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JOY FAIRCHILD 2400 NE 36th ST # 1 LIGHTHOUSE POINT, FL 33064 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  JANET SULLIVAN 954-782-3450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 01/20/07 Date Daytime Phone #