


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

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

01-24-2007 90046 029 \*\*\*\*61.25

<b>DOCUMENT # 737940</b> 1. Entity Name _____ <b>FLORIDA ESTATES, INC.</b>					
Principal Place of Business <b>FLORIDA ESTATES INC</b> <b>6418 CONNECTICUT</b> <b>ZEPHYRHILLS FL 33540</b> <b>US</b>			Mailing Address <b>ELAINE NIELSON</b> <b>6355 CONNECTICUT</b> <b>ZEPHYRHILLS FL 33542</b> <b>US</b>		
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 <b>59-1754169</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent  <b>ELAINE NIELSON</b> <b>6335 CONNECTICUT STREET</b> <b>ZEPHYRHILLS FL 33542</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 <u><i>Elaine Nielson</i></u> (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE <u>1-20-07</u>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	P SHORT, LEON 6307 NEW YORK ST ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP Jack Lawless 6303 Ohio Street Zephyrhills, FL. 33542	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP SULLIVAN, CLARENCE 6316 OHIO ST ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Donald Geauvreau 6404 Connecticut Street Zephyrhills, FL. 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S THURSTON, RAY 38755 NEW JERSEY AVE ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Margaret Gove 6332 Indiana Street Zephyrhills, FL. 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T NIELSON, ELAINE 6355 CONNECTICUT ST ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D Shirley Faulkner 6421 Connecticut Street Zephyrhills, FL. 33542	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D DEVOLDER, JOAN 6313 NEW YORK ST ZEPHYRHILLS FL 33542	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D RUSSELL, BOOM 6240 NEW YORK ST ZEPHYRHILLS FL 33542	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Elaine Nielson* **ELAINE NIELSON**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-20-07 Daytime Phone # (813)