

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90068 036 ***150.00

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1. Entity Name
LITTLE SABINE, INCORPORATED



Principal Place of Business
PO BOX 899
DOVER, DE 19903 US

Mailing Address
4060 BARRANCAS AVE
PENSACOLA, FL 32507 US

40013339



2. Principal Place of Business - No P.O. Box #
3500 S Dupont Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082007

Chg-P

CR2E034 (12/06)

City & State
Dover, DE

City & State

4. FEI Number
59-1773476

Applied For
Not Applicable

Zip
19901

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

HARRISON, CAROL B
4060 BARRANCAS AVE
PENSACOLA, FL 32507

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

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

10. OFFICERS AND DIRECTORS

NAME PD ☐ Delete
HINMAN, JOHN
STREET ADDRESS 4060 BARRANCAS AVE.
CITY- ST- ZIP PENSACOLA, FL 32507

NAME STD ☐ Delete
SOUTHERLAND, L.B.
STREET ADDRESS 4060 BARRANCAS AVE.
CITY- ST- ZIP PENSACOLA, FL 32507

NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 507, 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:

L. B. Southerland, Secretary 2/8/07 850-456-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR