

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000005686

1. Entity Name
FLORIDA HASTINGS CORPORATION



Principal Place of Business
**142 FAIRWAY POINTE CIRCLE
ORLANDO, FL 32828**

Mailing Address
**142 FAIRWAY POINTE CIRCLE
ORLANDO, FL 32828**



02192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1992143	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HASTINGS, PETER C
142 FAIRWAY POINTE CIRCLE
ORLANDO, FL 32828**

**DO NOT WRITE
IN THIS SPACE**

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

**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

U00000690688
04/11/07-80086-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	HASTINGS, PETER C
STREET ADDRESS	142 FAIRWAY POINTE CIRCLE
CITY-ST-ZIP	ORLANDO, FL

TITLE	S
NAME	HASTINGS, LINDA W
STREET ADDRESS	142 FAIRWAY POINTE CIR.
CITY-ST-ZIP	ORLANDO, FL 32828

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 Peter C. Hastings **PETER C. HASTINGS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**

4-2-07 **407-249-0070**
Date Daytime Phone #