## 2007 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Apr 11, 2007 08:00 A Secretary of State **DOCUMENT # F09112** 1. Entity Name MYAKKA VALLEY CAMPGROUNDS & STABLES, INC. Principal Place of Business Mailing Address % LYLE C WARNER % LYLE C WARNER 7220 MYAKKA VALLEY TRAIL 7220 MYAKKA VALLEY TRAIL SARASOTA, FL 34241 SARASOTA, FL 34241 01172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2070978 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WARNER, LYLE C DO NOT WRITE 7220 MYAKKA VALLEY TRAIL SARASOTA, FL 34241 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000700844 10. OFFICERS AND DIRECTORS U472U7U7-8UU34-UU5 158.75

NAME WARNER, LYLE C. STREET ADDRESS 7220 MYAKKA VALLEY TRAIL CITY-ST-ZIP SARASOTA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE

OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #

Applied For

Not Applicable