

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G50265

FILED
Jan 25, 2007
Secretary of State

Entity Name: FLORIDA TWIN MARKETS, INC.

Current Principal Place of Business:

20651 US HWY 441
MT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

27 BENSINGER DRIVE
SCHUYLKILL HAVEN, PA 17972 US

New Mailing Address:

FEI Number: 59-2320575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLTON, R. DOYLE
265 BAYOU CIRCLE
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RENNINGER, EDWARD
Address: 21 BENSINGER DR
City-St-Zip: SCHUYLKILL HAVEN, PA 17972

Title: S () Delete
Name: RENNINGER, JOAN
Address: 27 BENSINGER DR.
City-St-Zip: SCHUYLKILL HAVEN, PA 17972

Title: S () Delete
Name: RENNINGER, JAMES J
Address: 1190 EAGLE POINT RD
City-St-Zip: KUTZTOWN, PA 19530

Title: V () Delete
Name: RENNINGER, RICHARD
Address: 18 BENSINGER DR.
City-St-Zip: SCHUYLKILL HAVEN, PA 17972

Title: T () Delete
Name: DOYLE, CARLTON R
Address: 265 BAYOU CIRCLE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R.DOYLE CARLTON

TRE

01/25/2007

Electronic Signature of Signing Officer or Director

_____ Date