2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 AM Secretary of State

ANNUAL REPORT				Apr 25, 200/ 08:00 A			
DOCU 1. Entity Nam JANART,					Se	ecretary o	of State
Principal Plac % ARTHUR J 1427 LANDI SARASOTA, F	GREYSON NGS PLACE	Mailing Address % ARTHUR J GREYSON 1427 LANDINGS PLACE SARASOTA, FL 34231					
	O NOT MOITE			04192007	No Chg-P	CR2E034 (11/05)	
	O NOT WRITE	IN THIS SPA	GE	4. FEI Numbe 59-2306 5. Certificate		\$8.75 Add	oplied For of Applicable ditional
	6. Name and Address of Current Re	gistered Agent	27 x 73 (24 x 5 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2	,	يا المع العجاز العربي الم	Fee Require	d
1427 LAN	N, ARTHUR J DINGS PLACE A, FL 33581			1 11 1	NOT WI		
the obligat	named entity submits this statement for the ions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or bot	n, in the State of Flor	ida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE	
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GREYSON, ARTHUR J 1427 LANDINGS PLACE SARASOTA FL,						
HILE NAME STREET ADDRESS CITY-ST-ZIP	PD GREYSON, JANINA 1427 LANDINGS PLACE SARASOTA FL,				05/08/	900729406 07-80038-01	6 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SP	ACE	
TITLE 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 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:

TITLE
NAME
SIREET ADDRESS
CITY-ST-ZIP

BIGHATURE AND TYPED BY PROTTED NAME OF JIGHTHIG OFFICER OR DIRECTOR

Hpr, 20, 2007 941923-1961