## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # H28947**

1. Entity Name

LOPER-GREENE DEVELOPMENT CORPORATION



**FILED** Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

**42 GREENTREE ST** HOMOSASSA, FL 34446

SIGNATURE: \_

**5336 BOLD VENTURE PLACE** WESLEY CHAPEL, FL 33544

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DO NOT WRITE IN THIS SPAC				04282007  4. FEI Numbe 59-2474  5. Certificate	No Chg-P	i atati minit a	034 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Regulred
6. Name and Address of Current Registered Agent							1 66 Modulied
LOPER, EDWARD T. 42 GREENTREE ST HOMOSASSA, FL 34446			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							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing :	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS			·····		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPER, EDWARD T 5336 BOLD VENTURE PL WESLEY CHAPEL, FL 33544						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIGAN, KIMBERLY 3955 WATERVIEW LOOP WINTER PARK, FL 32792				U00( 05/15/(	90074 97-801	1344 325-010 150.00
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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 officially empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR