2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H32507

1. Entity Name

ROBERT E. TEAGUE, JR., INC.



Principal Place of Business

7777 CARLTON ROAD FORT PIERCE, FL 34987

Mailing Address

7777 CARLTON ROAD FORT PIERCE, FL 34987

FILED Apr 23, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04112007 No Chg-P		CR2E034 (11/05)			
4. FEI Numbe			Applied For		
59-250	5211		Not Applicable		
5. Certificate	of Status Desired		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

TEAGUE, ROBERT E JR 7777 CARLTON ROAD FT. PIERCE, FL 34987

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent	purpose of changing its registered	office or	registered agent, or bo	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and title	if applicable (NOTE, Registered A	geni signatu	e required when reinstating)	DATE.
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEAGUE, R E JR 7777 CARLTON ROAD FORT PIERCE, FL 34987				U00000726376
TITLE NAME STREET AODRESS CHY-ST-ZIP	STD MODINE, PATRICIA A 5660 SUMMERLIN ROAD FT. PIERCE, FL 34988	,			05/04/07-80005-006 150.0
TITLE NAME SIREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		,		IN 7	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		; {			
NAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not quairly 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:	P. L Jean	rue das			
	SIGNATURE AND TYPED OR	RINTED NAME OF BIGNING	OFFICER OR DIRECTOR	Date	Daytirne Phorie #