## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 14, 2007 8:00 am Secretary of State DOCUMENT # H56782 1. Entity Name 03-14-2007 90034 012 \*\*\*150.00 MAPLEWOOD DEVELOPMENT GROUP OF SARASOTA, INC. Principal Place of Business Mailing Address 6529 WOOD POND DRIVE BRADENTON FL 34202 6529 WOOD POND DRIVE BRADENTON FL 34202 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc CR2E034 (10/06) 1st MOORE City & State City & State Applied For 4. FEI Number 58-1658808 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, RONALD R Street Address (P.O. Box Number is Not Acceptable) 6529 WOOD POND DRIVE **BRADENTON FL 34202** City Zip Code 8. The above named ontity 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 reinstalling FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **X** Change HILL Delete HILL Addition LIES, DAVID SX NAME NAME LIES, DAVID J. STREET ADDRESS STREET ADDRESS 1701 E. LAKE AVE. SUITE 260 REASTER THE PROPERTY AND A STREET CITY-ST-ZIP CHY ST ZIP GLENVIEW, ILL 60025 HILE Delete ☐ Change Addition JOHNSON, RONALD R NAMI MAMI 6529 WOOD POND DRIVE STREET ADDRESS STRUCT ADDRESS **BRADENTON FL 34202** CITY ST-ZIP CITY ST 7#F Delete ■ Addition SEIPP, JANICE C NAME NAMI SEIPP, JANICE C. **የ**የጸ*ላ*ደሚፈጸንኛለዊ እንደ STREET ADDRESS STREET ADDRESS 1701 E. LAKE AVE. SUITE 260 CHY ST-7IP CHY ST ZIP GLENVIEW, ILL 60025 Change ☐ Addition THE Delete HIII NAMŁ NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST ZIP Defete ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP Ш Change Addition HITE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY S1-ZIP CHY SE ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 received print 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, withpall other like empowered.

SIGNATURE:

VICE PRESIDENT RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED