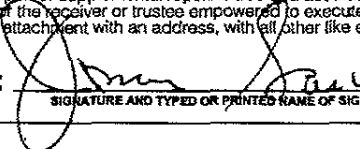


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 08:00 AM
Secretary of State

DOCUMENT # J72903 1. Entity Name CIRCLE C PROPERTY, INC.		
Principal Place of Business 101 E. KENNEDY BLVD. SUITE 2700 TAMPA, FL 33602		Mailing Address PO BOX 1102 TAMPA, FL 33601-1102
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GARCIA, JOSEPH 101 E KENNEDY BLVD. SUITE 2700 TAMPA, FL 33602		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 \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARCIA, JOSEPH 101 E KENNEDY BLVD. TAMPA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURNETT, E.P. 901 S. NEWPORT AVENUE TAMPA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  Joseph Garcia, Pres. 7/9/07 813-222-8500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		



07052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3000162	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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07/11/07-80005-001 550.00

**DO NOT WRITE
IN THIS SPACE**