



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # K16143	
1. Entity Name DE PAU CORPORATION	

Principal Place of Business 536 N RIDGEWOOD DR SEBRING, FL 33870	Mailing Address 536 N RIDGEWOOD DR SEBRING, FL 33870
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DO NOT WRITE IN THIS SPACE

	
01102007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-2870274	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
MAVITY, WILLIAM P. 536 N RIDGEWOOD DR SEBRING, FL 33870	

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

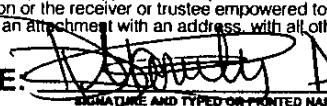
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POLLARD, DEBRA 536 N RIDGEWOOD DR SEBRING, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MAVITY, WILLIAM P 3031 LAKEVIEW DRIVE SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000585111
01/12/07-80064-009 150.00

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:  **Debra Pollard**

1/10/07 863-382-2664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #