

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L34711

FILED
Feb 19, 2007
Secretary of State

Entity Name: HONEYCOMB OF MARCO ISLAND, INC.

Current Principal Place of Business:

845 COLLIER CT
#506
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

C/O CHILDS, DONALD, G
983 N. COLLIER BLVD., P.O. BOX 109
MARCO ISLAND, FL 33969109 US

New Mailing Address:

FEI Number: 65-0160943 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHILDS, DONALD G
983 N. COLLIER BLVD
MARCO ISLAND, FL 33937 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HONEYCOMB, JOHN W.,
Address: 845 COLLIER CT 506
City-St-Zip: MARCO ISLAND, FL 34145

Title: S () Delete
Name: HONEYCOMB, BETTY B.,
Address: 845 COLLIER CT. 506
City-St-Zip: MARCO ISLAND, FL 34145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. HONEYCOMB

PT

02/19/2007

Electronic Signature of Signing Officer or Director

_____ Date