

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-19-2007 90033 002 ***150.00

DOCUMENT # M71597

1. Entity Name
FUN LINE, INC.



Principal Place of Business
**2715 N. NARCOOSSEE ROAD
ST. CLOUD, FL 34771**

Mailing Address
**2715 N. NARCOOSSEE ROAD
ST. CLOUD, FL 34771**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2881179	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**CHURCH, LARRY
2715 N. NARCOOSSEE ROAD
ST. CLOUD, FL 34771**

**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 renewing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHURCH, MARY J
STREET ADDRESS	2715 N. NARCOOSSEE ROAD
CITY-ST-ZIP	ST. CLOUD, FL 34771

TITLE	ST
NAME	CHURCH, LARRY
STREET ADDRESS	2715 N. NARCOOSSEE ROAD
CITY-ST-ZIP	ST. CLOUD, FL 34771

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

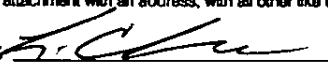
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **LARRY CHURCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/07

Date

407-892-6467

Daytime Phone #