

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # M74542

1. Entity Name
CURLY, INC.



Principal Place of Business
PROPERTY PLANNING, INC.
5001 PHILLIPS HWY., #4B
JACKSONVILLE FL 32207
US

Mailing Address
PROPERTY PLANNING, INC.
5001 PHILLIPS HWY., #4B
JACKSONVILLE FL 32207
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2888040**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANSON, KARL
50 N. LAURA STREET, SUITE 2800
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HANSON, KARL B., JR.	
STREET ADDRESS	50 N. LAURA ST, ST 2800	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PARSONS, A.T., JR.	
STREET ADDRESS	5001 PHILLIPS HWY. #7B	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	DRUMMOND, KENNETH W	
STREET ADDRESS	5001 PHILLIPS HWY # 7B	
CITY-STATE-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
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CITY-STATE-ZIP		

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.T. Parsons, Jr. 2/15/07 904-737-1245

Date

Daytime Phone #