

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90101 039 ****61.25

DOCUMENT # N04000006309

1. Entity Name

IGUANA BOOKS BELIZE INC



Principal Place of Business

1 EAST LAKE MARY DRIVE
ORLANDO FL 32839

Mailing Address

1 EAST LAKE MARY DRIVE
ORLANDO FL 32839

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

#1 EAST LAKE MARY DR

3. Mailing Address

#1 EAST LAKE MARY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FLA

Orlando FLA

Zip

Country

32839 ORANGE

Zip

Country

32839 ORANGE

4. FEI Number

51-0531547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EASON, J D
4864 S. ORANGE AVENUE
ORLANDO FL 32806

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 \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HOWARD, DOROTHY
STREET ADDRESS 1 EAST LAKE MARY DRIVE
CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☐ Delete
NAME ANDERSON, ELTON
STREET ADDRESS 1 EAST LAKE MARY DRIVE
CITY-ST-ZIP ORLANDO FL 32839

TITLE D ☐ Delete
NAME EASON, J D
STREET ADDRESS 4864 S. ORANGE AVENUE
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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 617, 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

Date

Daytime Phone #