

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15160

FILED
Mar 27, 2007
Secretary of State

Entity Name: PUNTA GORDA DAYS, INC.

Current Principal Place of Business:

326 MARION AVENUE
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 510486
PUNTA GORDA, FL 339510486 US

New Mailing Address:

FEI Number: 59-2674886

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRYBURGH, WILLIAM
601 SHREVE ST 61C
PUNTA GORDA, FL 33950 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RYAN, BRENDA
Address: 3005 BANYAN WAY
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: SANDLES, JOAN E
Address: 26060 SEMINOLE LAKES BLVD
City-St-Zip: PUNTA GORDA, FL 33955

Title: D () Delete
Name: SANDERS, SAM
Address: 1612 LAVILLA RD.
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: BAKER, GUSSIE
Address: 3800 ACLINE ROAD
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: DRYBURGH, WILLIAM
Address: 601 SHREVE ST., 61C
City-St-Zip: PUNTA GORDA, FL 33950

Title: DS () Delete
Name: WILSON, LINDA
Address: 741 SABAL PALM LANE
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN E SANDLES

DIR

03/27/2007

Electronic Signature of Signing Officer or Director

Date