

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000010252

FILED
Jan 10, 2007
Secretary of State

Entity Name: SEQUOIA DEVELOPMENT OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

13300-56 S. CLEVELAND AVE.
#236
FORT MYERS, FL 33907

New Principal Place of Business:

11300 LINDBERGH BLVD.
SUITE 103
FORT MYERS, FL 33913

Current Mailing Address:

13300-56 S. CLEVELAND AVE.
#236
FORT MYERS, FL 33907

New Mailing Address:

11300 LINDBERGH BLVD.
SUITE 103
FORT MYERS, FL 33913

FEI Number: 91-2116635

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, BRIAN A
13300-56 S. CLEVELAND AVE.
#236
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

OWENS, BRIAN A
11300 LINDBERGH BLVD.
SUITE 103
FORT MYERS, FL 33913 US

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: BRIAN OWENS

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAILEY, RAYMOND
Address: 12581 WALDEN RUN
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: DAVIS, C. DAVID
Address: 11204 SW 72ND STREET
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: PARNES, MARC I
Address: 15620 SW 74TH STREET
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: OWENS, BRIAN A
Address: 13300-56 S. CLEVELAND AVE., PMB 236
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: JACKSON, CHAD
Address: 15821 SHAMROCK DRIVE
City-St-Zip: FORT MYERS, FL 33912

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: D (X) Change () Addition
Name: OWENS, BRIAN A
Address: 11300 LINDBERGH BLVD., SUITE 103
City-St-Zip: FORT MYERS, FL 33913

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: BRIAN OWENS

D

01/10/2007

Electronic Signature of Signing Officer or Director

Date