2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0100024476 1. Entity Name R.W. WITTY INVESTMENTS OF FLORIDA, INC.

6. Name and Address of Current Registered Agent

Principal Place of Business

SAVY, BENJAMIN

2825 NORTH OCEANSHORE BLVD

PALM COASTG 79 LAGARE PALM COAST, FL 32137-1469 Mailing Address

79 LAGARE STREET

PALM COAST, FL 32137-1469

FILED Jan 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01082007 No Chg-P CR2E034 (11/05)

4. FEI Number . Applied For

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Not Applicable

5. Certificate of Status Desired

59-3708512

DO NOT WRITE

BEVERLY BEACH, FL			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 agont and title if applicable. (NOTE Registered Agent signature required when remistating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000585017 01/12/07-80058-023 150.00		
10.	OFFICERS AND DIREC	TORS		•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WITTY, ROBERT W 79 LAGARE ST PALM COAST, FL 32137		. ,				
NAME STREET ADDRESS CITY-ST-ZIP	COO WITTY, SALLY V 79 LAGARE ST PALM COAST, FL 32137		, ,	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	= .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TIFLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

1/8/07 Date

386-447-8201

Daytime Phone #