## 2007 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT				Feb 01, 2007 08:00 A			
1. Entity Nam	MENT # P010000284			Secr	etary	of State	
Principal Place 9710 SE 145 SUMMERFIEL		Mailing Address 9710 SE 145 PL SUMMERFIELD, FL 34491					
D	O NOT WRITE	CE	01202007 No Chg-P CR2E034 (11/05)  4. FEI Number				
6. Name and Address of Current Registered Agent ELLIS, DALE R 9710 SE 145 PL SUMMERFIELD, FL 34491			DO NOT WRITE IN THIS SPACE				
the obligati	named entity submits this statement for the ions of registered agent.  Signature, typed or printed name of registered agent and to the ions of the ion		d Agent signature required		th, in the State of Flo	orida. I am fan DATÉ	niliar with, and accept
10.  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND DIR PSD ELLIS, DALE R 9710 SE 145 PL SUMMERFIELD, FL 34491 VTD ELLIS, ANNA M 9710 SE 145 PL SUMMERFIELD, FL 34491	ECTORS			Uanaaa 02/07/07- NOT W	80036-0 'RITE	21 150.00
TITLE NAME STREET ADDRESS							

12. I hereby certify that the Information supplied with this filling 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: 🕿

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR