


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3. **FILED**
Mar 21, 2007 8:00 am
Secretary of State

03-07-2007 90017 016 ***150.00

DOCUMENT # P02000062903 1. Entity Name SERENDIPITOUS MOMENTS, INC.	
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Principal Place of Business 4530 GOLF CLUB LN BROOKSVILLE, FL 34609	Mailing Address 4530 GOLF CLUB LN BROOKSVILLE, FL 34609
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66006034



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0117023	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TERLEP, SHELLY 4530 GOLF CLUB LN BROOKSVILLE, FL 34609
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**DO NOT WRITE
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 agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TERLEP, SHELLY 4530 GOLF CLUB LN BROOKSVILLE, FL 34609
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**DO NOT WRITE
IN THIS SPACE**

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: *Shelly Terlep* **3/2/07.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #