## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Mar 02, 2007 08:00 AM Secretary of State

DOCUMENT # P02000080512  1. Enlity Name ALTAMONTE G & M, INC.			Secretary of Sta		
Principal Place of Business	Mailing Address	-t			
P.O. BOX 348 LARGO, FL 33779	P.O. BOX 348 LARGO, FL 33779				
·		<del> </del>			
DO NOT WRITE IN THIS SPACE		<b>^</b>	02262007 No Chg-F	CR2EC	034 (11/05)
		CE	4. FEI Number 16-1618933		Applied For Not Applicable
	,		5. Certificate of Status Desir		\$8.75 Additional Fee Required
6. Name and Address of Current Re	gistered Agent			1 1	
RIPPARD, WILLIAM H 4053 ROCK HILL LOOP APOPKA, FL 32712		DO NOT WRITE IN THIS SPACE			
The above named entity submits this statement for the obligations of registered agent.	ne purpose of changing its register	red office or registe	ered agent, or both, in the State of	of Florida. I am	familiar with, and accept
SIGNATURE					
Signature, typed or printed name of registered agent and	title if applicable (NOTE Registers	ed Agent signature require	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution	~ _ ~	5.00 May Be ded to Fees		
10. OFFICERS AND DI	RECTORS				

NAME RIPPARD, WILLIAM H P.O. BOX 348 STREET ADDRESS CITY-SI-ZIP LARGO, FL 33779 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

.03/13/07-80031-021 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby 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 attachner with an address, with at other like empowered.

SIGNATURE: \_

TITLE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OF DINITED NAME OF SIGNING OF FIGER OF DIRECT

2/24/2007 (407)

(407) 444-5811 Dayline Prone #