2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # P02000113484 1. Entity Namo LAGOONER, INC. Principal Place of Business Mailing Address 204 E GARFIELD AVE 204 E GARFIELD AVE COCOA BEACH FL 32931 COCOA BEACH FL 32931 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & State 4. FEI Numbor City & State Applied For 30-0131842 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BRADLEY, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 204 E GARFIELD AVE COCOA BEACH FL 32931 City Zip Code 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 i applicable. (NOT); Registered Agent signature required when reinstating) DATE FILE NOW!!! 'FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DPST HILE. Delete 11/11 Change Addition U00000745323 BRADLEY, RICHARD A NAME NAME 05/16/07-80024-015 150.00 204 E GARFIELD AVE STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP CHY-SI-7IP 11111 Delcte Illite ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-S1-ZIP Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-SE-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STRLET ADORESS CHY-ST-ZIP CDY-\$1-ZIP Delete Change Addition THUE NAME STRLL LADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete HILL ☐ Change HILE NAMI NAME STREET ADDRESS STREET ADDRESS CHY-51-ZIP CHY-SI-ZIP 12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal offect as if made under eath; 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, will changed the compowered.

Richard Bran