2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNOAE REPORT							Apr 02, 2007 00.00				
DOCUMENT # P02000135489 1. Entity Name CORKSCREW PLANTATION IV, INC.							S	Secret	ary o	f Stat	
Principal Place of Business Mailing Address											
•	Y DR STE 240	26811 S BAY DR STE 240									
SUITE 350		SUITE 350									
BONITA SPRINGS, FL 34134		BONITA SPRINGS, FL 34134					88 8 8 8 8 8	e nti ileet meler	II BABELIAND IBIA		
2. Principal Place of Business - No PO. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03282007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State			4. FEI Numbe			Apr	lied For		
					59-3763228				Applicable		
Zip	Country	Zip	Coun	try		5. Certificate	of Status Desired		\$8.75 Addit Fee Required		
Name and Address of Current Registered Agent						7. Name and	Address of New	Registered /	\gent		
LOTTED KEVINDEDO				Name							
5801 PELI	KEVIN R ESQ CAN BAY BLVD STE 300					reet Address (P.O. Box Number is Not Acceptable)					
NAPLES, FL 34108-2709											
				City				FL	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 acceptate obligations of registered agent									and accept		
Signature: Signature, typed or printed name of registered agent and tills / applicable. (NOTE: Registered Agent signature required when renstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.0 Added	0 May Be d to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11	
TITLE	DP	☐ Delete	TITLE	:					Change	Addition	
NAME	ROSINS, FRANZ		NAM	ξ							
STREET ADDRESS	26811 S BAY SR., #350		STRE	ET ADDRESS							
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-	-ST-ZIP							
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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 port 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 of ruyafee 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Marde 28-c7 (239) 94

De des Desert

Daytime Phone #