


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000038907	
1. Entity Name SUBAMIGOS, INC.	

Principal Place of Business 10401 US HWY 441 LEESBURG, FL 34788	Mailing Address 506 PERKINS ST. LEESBURG, FL 34748 US
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DO NOT WRITE IN THIS SPACE



05052007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0458612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LONG, BUFORD JR.
506 PERKINS ST.
LEESBURG, FL 34748

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LONG, BUFORD JR. 506 PERKINS ST. LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTAGUE, MONTGOMERY JR. P.O. BOX 355 TAVARES, FL 32778
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05/30/07-80049-023 150.00

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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 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:  **5/17/07** **352-874-8262**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #