



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # P03000088772	
1. Entity Name ABOVE PAR, INC.	

Principal Place of Business 225 REID AVENUE PORT SAINT JOE, FL 32456 US	Mailing Address P.O. BOX 622 PORT SAINT JOE, FL 32457 US
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DO NOT WRITE IN THIS SPACE

	
04132007	No Chg-P CR2E034 (11/05)
4. FEI Number 37-1473214	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 TRAWICK, PELHAM C JR 1839 SWEET BAY RD CHIPLEY, FL 32428	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRAWICK, P. CARLOS JR 1839 SWEET BAY RD CHIPLEY, FL 32428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUJOL, BARRETT V 4302 SIERRA WOODS LANE TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRAWICK, LUKE N 131 BRIDGEPORT LANE PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRAWICK WRIGHT, MICHELE 131 BRIDGEPORT LANE PORT SAINT JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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05/01/07-80071-008 150.00

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: Michele T Wright Michele T Wright 4-18-07 850-229-9199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #