2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 10, 2007 08:			
DOCU	MENT # P03000096				Secreta	ry of S	
	AND DEVELOPMENT, INC.						
Principal Pla 645 PHILLII FREEPORT,		Mailing Address 645 PHILLIPS DR FREEPORT, FL 32439		- 	Ilico ikii boin logii coli	411/4 12/12 4/12 14/14	1114 Faira i II Ta i
				- 			
DO NOT WRITE IN THIS SPA			CE	01162007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For			
				54-2124	058	\$0.75	Not Applicable Additional
	6. Name and Address of Current	Registered Agent		5. Certificate o	f Status Desired	Fee Re	
BRIDGE, 645 PHILL FREEPOR				4 4 4 5	NOT W HIS SP	4	
8. The above the obligation	a named entity submits this statement for tions of registered agent.	r the purpose of changing its registe	red office or register	ed agent, or both	, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and the if applicable (NOTE: Recurrent	ed Agent signature required	what reporting)		DATE	
		9. Election Campaign Fina				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees			
10.	OFFICERS AND I	DIRECTORS	-		** ,		
NAME STREET ADDRESS CITY-SI-ZIP	BRIDGE, LANA 645 PHILLIPS DR SANTA ROSA BEACH, FL 32459	9					
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000 04/25/07-	1 71 0766 80055-022	150.00
TITLE NAME STREET ADDRESS							

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied mental 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:

CITY-ST-ZIP

FOLE LABRED NAME OF SIGNING OFFICER OF DIRECTOR

4-13-07

850-9530X

Daytime Phone #