

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 A
Secretary of State

DOCUMENT # P03000105548

1. Entity Name

FIDDLER'S GREEN NATURE TRAIL, INC.



Principal Place of Business

6800 PLACIDA ROAD
ENGLEWOOD, FL 34224

Mailing Address

6800 PLACIDA ROAD
ENGLEWOOD, FL 34224



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number | Applied For |
| 20-0325460 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SPACE, ROBERT W
6800 PLACIDA ROAD
ENGLEWOOD, FL 34224

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | D |
| NAME | SPADE, ROBERT W |
| STREET ADDRESS | 6800 PLACIDA ROAD |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 |
| TITLE | D |
| NAME | HARRISON, ROBERT L |
| STREET ADDRESS | 7142 CHAMPIONS LANE |
| CITY-ST-ZIP | WESTCHESTER, OH 45063 |
| TITLE | D |
| NAME | MULKEY, LARRY |
| STREET ADDRESS | 6800 PLACIDA ROAD |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 |
| TITLE | D |
| NAME | SPADE, DAVID |
| STREET ADDRESS | 6800 PLACIDA ROAD |
| CITY-ST-ZIP | ENGLEWOOD, FL 34224 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**DO NOT WRITE
IN THIS SPACE**

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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07

Date

941/698-4111

Daytime Phone #