


2007 FOR PROFIT CORPORATION ANNUAL REPORT

ok for 150.00

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90021 042 ***150.00

DOCUMENT # P03000146526
 1. Entity Name
THE 124 BUILDING, INC.



Principal Place of Business
**124 TONEY PENNA DR
 JUPITER, FL 33452**

Mailing Address
**C/O M. BRITTON
 3218 BENTLEY AVE
 SEBRING, FL 33872**

40044359



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
13674 S.W. Four Woods Way
 Suite, Apt. #, etc.

03172007 Chg-P CR2E034 (12/06)

City & State
IndianTown FL

Zip Country
34956-3623 Country

4. FEI Number
86-1092993

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BRITTON, MARY L
 3218 BENTLEY AVE
 SEBRING, FL 33872**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
13674 S W Four Woods Way
 City & State
IndianTown FL Zip Code
34956-3623

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 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 NAME STREET ADDRESS CITY-ST-ZIP	D DODDS, JAMES H 11420 154 RD N JUPITER FARMS JUPITER, FL 33478	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODDS, CHARLES R 12915 SE C.R. 234 MICANOPY, FL 32667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODDS, STEPHAN A 8019 SW 95 ST GAINESVILLE, FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, MARLENE D 16201 NE HWY 301 WALDO, FL 32694	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITTON, MARY L 3218 BENTLEY AVE SEBRING, FL 33872	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13674 SW Four Woods Way IndianTown FL 34956-3623	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13674 SW Four Woods Way IndianTown FL 34956-3623	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Mary Lee Britton **3-25-07** **863-44-0608**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MARY LEE BRITTON