

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000005355



1. Entity Name
 SEVENTYSEVEN, INC.

Principal Place of Business	Mailing Address
1093 A1A BEACH BOULEVARD SUITE 553 SAINT AUGUSTINE, FL 32080 US	1093 A1A BEACH BOULEVARD SUITE 553 SAINT AUGUSTINE, FL 32080 US



06032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1185430	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

FAMIGLIETTI, DANIEL F
 17 4TH STREET
 SUITE D
 SAINT AUGUSTINE, FL 32080

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 _____ 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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FAMIGLIETTI, DANIEL F
STREET ADDRESS	17 4TH STREET SUITE D
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 06/20/06-80001-015 150.00

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 like empowered.

SIGNATURE: DANIEL F. FAMIGLIETTI 06-03-06 904-669-5386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #