

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P04000063936

1. Entity Name
THE ORIGINAL MISTER SANDMAN INC.



Principal Place of Business
**1047 CEDAR STREET
APT B
DAYTONA BEACH, FL 32114 US**

Mailing Address
**1047 CEDAR STREET
APT B
DAYTONA BEACH, FL 32114 US**



02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1012031

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PORTER, THOMAS F
1047 CEDAR STREET
APT B
DAYTONA BEACH, FL 32114**

**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 resigning)

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	PVPT
NAME	PORTER, THOMAS F
STREET ADDRESS	1047 CEDAR STREET APT B
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	D
NAME	PORTER, THOMAS F
STREET ADDRESS	1047 CEDAR STREET APT B
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	S
NAME	PORTER, LEAH
STREET ADDRESS	1047 CEDAR STREET APT B
CITY-ST-ZIP	DAYTONA BEACH, FL 32114

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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05/14/07-80048-003 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name