

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90013 030 \*\*\*550.00

**DOCUMENT # P04000103269**

1. Entity Name  
**GHOST VENTURES, INC.**



Principal Place of Business  
**12269 UNIVERSITY BLVD  
ORLANDO, FL 32817**

Mailing Address  
**12269 UNIVERSITY BLVD  
ORLANDO, FL 32817**

40111000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**20-1379274**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANT, ABRAHAM, REITER & MCCORMICK, P.A.  
3072 WHITE ASH TRAIL  
ORLANDO, FL 32826**

Name **GRIFFIS MATTHEW**  
Street Address (P.O. Box Number is Not Acceptable)  
**1500 NORTH HAMPTON AVE**  
City **ORLANDO** FL Zip Code **32803**

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

*Matthew Griffiths*

**Matthew Griffiths**

**5/15/07**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **BROWN, TIMOTHY**  
STREET ADDRESS **3072 WHITE ASH TRAIL**  
CITY-ST-ZIP **ORLANDO, FL 32826**

TITLE **D** ☒ Change ☐ Addition  
NAME **Brown, Timothy**  
STREET ADDRESS **1500 N. Hampton Ave.**  
CITY-ST-ZIP **Orlando FL, 32803**

TITLE **D** ☐ Delete  
NAME **GRIFFIS, MATTHEW**  
STREET ADDRESS **3072 WHITE ASH TRAIL**  
CITY-ST-ZIP **ORLANDO, FL 32826**

TITLE **D** ☒ Change ☐ Addition  
NAME **GRIFFIS, Matthew**  
STREET ADDRESS **1500 N. Hampton Ave**  
CITY-ST-ZIP **Orlando FL, 32803**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Matthew Griffiths*  
**Matthew Griffiths**

**5/15/07**

**(321) 274-2745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #