

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000007217	
1. Entity Name JULIE'S RETIREMENT RESORT #4, INC	

Principal Place of Business 7000 HIAWASSEE OAKS DR ORLANDO, FL 32818 US	Mailing Address P.O. BOX 681365 ORLANDO, FL 32865 US
---	--



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2177519	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGH, RADIKA
 7006 HIAWASSEE OAKS DR
 ORLANDO, FL 32818

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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS SINGH, RADIKA P.O. BOX 681365 ORLANDO, FL 32865
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAMAROU, SUKHRA 7006 HIAWASSEE OAKS DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000582585
 01/11/07-60037-017 158.75

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: Radika R. Singh 01/09/07 407-445-7241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #