

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # P05000055368
 1. Entity Name
 FOUR FOR 4, INCORPORATED



Principal Place of Business Mailing Address
 499 NORTH FERDON BOULEVARD 499 NORTH FERDON BOULEVARD
 CRESTVIEW, FL 32536 CRESTVIEW, FL 32536

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 68-0630878	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
 TEEL, BRUCE B
 499 NORTH FERDON BOULEVARD
 CRESTVIEW, FL 32536

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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**

000000585426
 01/16/07-80011-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	RA
NAME	TEEL, BRUCE B
STREET ADDRESS	499 N FORD ON BLVD
CITY-ST-ZIP	CRESTVIEW, FL 32536
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: BRUCE B. TEEL 1/5/07 850 482 6156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #