## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000064897

Entity Name: FRENCH LINE PROPERTIES, INC.

FILED Jul 10, 2007 Secretary of State

**Current Principal Place of Business:** 

C/O NANCY STONER, ATTORNEY AT LAW, P.A. 104 CRANDON BLVD., SUITE 402

KEY BISCAYNE, FL 33149

**Current Mailing Address:** 

C/O NANCY STONER, ATTORNEY AT LAW, P.A. 104 CRANDON BLVD., SUITE 402

KEY BISCAYNE, FL 33149

FEI Number: 20-2864022

FEI Number Applied For ( )

901 HARBOR DRIVE KEY BISCAYNE, FL 33149

901 HARBOR DRIVE

KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

NANCY STONER, ATTORNEY AT LAW, P.A. 104 CRANDON BLVD.

SUITE 402

KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

C/O NANCY STONER, ATTORNEY AT LAW, P.A.

C/O NANCY STONER, ATTORNEY AT LAW, P.A.

NANCY STONER, ATTORNEY AT LAW, P.A. 901 HARBOR DRIVE

KEY BISCAYNE, FL 33149 US

**New Principal Place of Business:** 

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.

SIGNATURE:

Title:

07/10/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

( ) Delete LINE PROPERTIES LIMI, TED, A BVI CO M PANY Name: C/O N. STONER PA 104 CRANDON BLVD #402 Address:

City-St-Zip: KEY BISCAYNE, FL 33149 US

( ) Delete Title: DECHY, NATHALIE Name:

C/O N. STONER PA 104 CRANDON BLVD #402 Address:

KEY BISCAYNE, FL 33149 US City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition Title:

LINE PROPERTIES LIMI, TED, A BVI CO M PANY Name: Address:

C/O N. STONER PA 901 HARBOR DR. City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: (X) Change ( ) Addition

Name: DECHY, NATHALIE

Address: C/O N. STONER PA 901 HARBOR DR KEY BISCAYNE, FL 33149 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHALIE DECHY DIR 07/10/2007