## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 09, 2007 08:00 AM Secretary of State **DOCUMENT # P05000072796** CORY PROPERTY VENTURES, P.A. Principal Place of Business Mailing Address 1939 PARK MEADOWS DRIVE #3 PO BOX 7646 FT MYERS, FL 33911 FT MYERS, FL 33907 03242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0622883 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATWOOD, BARBARA C DO NOT WRITE **1619 SE 6TH TERR** CAPE CORAL, FL 33904 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 $\Box$ U00000697028 Trust Fund Contribution. Added to Fees ′18/07-80024--007 OFFICERS AND DIRECTORS 10. MLE NAME ATWOOD, BARBARA CORY STREET ADDRESS 1619 SE 6TH TERRACE CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MALAF

12. I hereby certify that the information supplied with this filling 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP