2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000101537

FV MEDUSA, INC.



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

4600 124TH STREET WEST CORTEZ, FL 34215

Mailing Address

P.O. BOX 276 CORTEZ, FL 34215



DO	NOT	WRITE	IN	THIS	SPACE
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04282007 CR2E034 (11/05) No Chg-P

Applied For 4. FEI Number 20-3171880 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, KAREN L 4600 124TH STREET WEST CORTEZ, FL 34215

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its regist	tered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE. Regist	lered Agant signaturi	a 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		\$5.00 May Be Added to Fees	U00000751657 05/18/07-80111-007 900.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROOKS, GLENHART 4600 124TH STREET WEST CORTEZ, FL 34215				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, CALVIN E 4600 124TH STREET WEST CORTEZ, FL 34215				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE					

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 it 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.

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

941 794 1245

Daytime Phone #