2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000129294.

1. Entity Name

PAYNE IN THE ATTIC, INC.



FILED Mar 08, 2007 08:00 AM Secretary of State

Principal Place of Business

106 OLD RAILROAD LN PALATKA, FL 32177 US Mailing Address

106 OLD RAILROAD LN PALATKA, FL 32177 US



DO NOT WRITE IN THIS SPACE

03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3512627

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6	Name	and	Addrage	of Current	Registered	Anant
u .	1401110	and	~uu:000	Or Guirein	Legistered	-Bailt

PAYNE, MARY K 106 OLD RAILROAD LN PALATKA,, FL 32177

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its reg	istered office o	r registered agent, or both	n, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable (NOTE: Reg	gistered Agent signa	ture required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign I Trust Fund Contribut		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYNE, WILLIAM H JR 106 OLD RAILROAD LN PALATKA, FL 32177				U00000659940		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T PAYNE, MARY K 106 OLD RAILROAD LN PALATKA, FL 32177			00000659940 03/19/07-80006-021 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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:

TITLE

STREET ADDRESS CITY-ST-ZIP

maykapane

Mary Kay Payne

3-6-07 386-328-1745