


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 OCT 23 AM 9: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/14/06 90025 625 150.00

DOCUMENT # P05000130322				2006 OCT 23 AM 9:04	
1. Entity Name 7 S BAR, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 204 EAST MAIN STREET BOWLING GREEN, FL 33834		Mailing Address P. O. BOX 668 BOWLING GREEN, FL 33834			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent PARKER, JAMES D 204 EAST MAIN STREET BOWLING GREEN, FL 33834		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when re-electing)</small>					
FILE NOW! FEE IS \$150.00 Due by September 6, 2006		a. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D PARKER, JAMES D 204 EAST MAIN STREET BOWLING GREEN, FL 33834 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 _____		7/12/06 863-375-4311			

October 20, 2006

Division of Corporations
P. O. Box 6198
Tallahassee, Fl 32314-6198

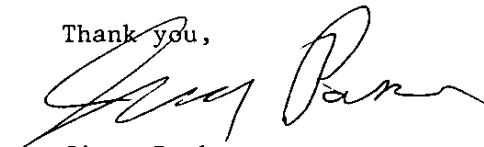
Re: Document #P05000130322
7S Bar, Inc.
Notice of Dissolution

I understand that the above corporation was dissolved due to the fact that there is no FEI number on file. I was told that a letter was sent to me earlier this year requesting that a number be furnished. I did not receive that letter.

I am enclosing a copy of the annual report filed in July with the #4 space properly filled in and requesting that you reinstate the corporation waiving the reinstatement fees due to the fact that I did not receive the correspondence from you.

Copies of the check sent with the annual report are attached, showing that this money is already posted in your system.

Thank you,



Jimmy Parker