

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000139812

1. Entity Name  
SONG SPARROW CT., HOLDING CO., INC.



Principal Place of Business  
1900 RUSSELL COVE ROAD  
GENEVA, FL 32732 US

Mailing Address  
P. O. BOX 4296  
SANFORD, FL 32772 US

FILED  
07 APR 23 PM 12:36  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



01102007 No Chg-P CR2E034 (11/05)

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4. FEI Number  
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

### 6. Name and Address of Current Registered Agent

SCHROEDER, LYNDA R  
1900 RUSSELL COVE ROAD  
GENEVA, FL 32732

## DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

### 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SCHROEDER, LYNDA R P.O. BOX 4296 SANFORD, FL 32772
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## DO NOT WRITE IN THIS SPACE

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: Lynnda R. Schroeder 4/17/07 4073495564  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #