


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90078 031 ***158.75

DOCUMENT # P05000152113

1. Entity Name
FOUR A HOLDING, INC.



Principal Place of Business Mailing Address
9325 SOUTHERN BELLE DRIVE **5143 COMMERCIAL WAY**
WEEKI WACHEE, FL 34613 **SPRING HILL, FL 34606**


60008494

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
20-3801060 Not Applicable

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

6. Name and Address of Current Registered Agent

WALDIR, ANDRADE
9325 SOUTHERN BELLE DRIVE
BROOKSVILLE, FL 34613

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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) 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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRADE, WALDIR	
STREET ADDRESS	9325 SOUTHERN BELLE DRIVE	
CITY - ST - ZIP	WEEKI WACHEE, FL 34613	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDRADE, ARNALDO	
STREET ADDRESS	9325 SOUTHERN BELLE DRIVE	
CITY - ST - ZIP	WEEKI WACHEE, FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	1ST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDRADE, PAUL	
STREET ADDRESS	9325 SOUTHERN BELLE DRIVE	
CITY - ST - ZIP	WEEKI WACHEE, FL 34613	
TITLE	2ND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMAS, ANTONIO	
STREET ADDRESS	9325 SOUTHERN BELLE DRIVE	
CITY - ST - ZIP	WEEKI WACHEE, FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **WALDIR ANDRADE** **X 1/24/07 (352) 596-8589**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #