

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90002 014 ***150.00

DOCUMENT # P06000003938 1. Entity Name NONNIE'S PLAYGROUND, INC.					
Principal Place of Business 701 COUNTRYSHIRE LANE PALM HARBOR, FL 34683 US			Mailing Address 701 COUNTRYSHIRE LANE PALM HARBOR, FL 34683 US		
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		Country		4. FEI Number 20.5265369	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JAMES BARROW PLLC 485 MARINER BLVD. SPRING HILL, FL 34609			7. Name and Address of New Registered Agent Name Margaret G Rieger Street Address (P.O. Box Number is Not Acceptable) 701 Countryshire Lane City Palm Harbor FL Zip Code 34683		
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 <u><i>Margaret Rieger</i></u> <u>Margaret G. Rieger, Pres</u> <u>8/24/07</u> <small>Signature, typed or printed name of registered agent, and if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. 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	P RIEGER, MARGARET G 701 COUNTRYSHIRE LANE PALM HARBOR, FL 34683	<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	<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: <u><i>Margaret Rieger</i></u> <u>Margaret G Rieger</u>			Date <u>8/24/07</u> Daytime Phone # <u>127 7342445</u>		