

Jan 16 07 03:04p

Steven A Spencer And Asso 407-

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-22-2007 90091 006 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000057819			
1. Entity Name SANDY SHORES PASO FINO FARM, INC.			
Principal Place of Business 1900 E ROBINSON ST ORLANDO, FL 32803		Mailing Address 1900 E ROBINSON ST ORLANDO, FL 32803	
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
4. FEI Number 90-0362937		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPENCER, STEVEN A 1900 E ROBINSON ST ORLANDO, FL 32803		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 _____ Signature, typed or printed name of registered agent and title 1 upon return. (NOTE: For purpose of Agent's signature is required when the state is) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHN, DALE A 5746 LAKESHORE GROVE PL SANFORD, FL 32771 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 697, 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: <i>Dale A John</i>		DALE A JOHN 1-16-07	
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR		Date Daytime Phone	