

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90085 037 ***150.00

DOCUMENT # P06000071228	
1. Entity Name LANGUAGE SEED PRODUCTIONS INC.	

Principal Place of Business 10127 TROPICAL DR. BONITA SPRINGS, FL 34135	Mailing Address 10127 TROPICAL DR. BONITA SPRINGS, FL 34135
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2. Principal Place of Business - No P.O. Box # 10127 Tropical Dr.	3. Mailing Address 10127 Tropical Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bonita Springs, FL	City & State Bonita Springs, FL
Zip 34135	Zip 34135
Country USA	Country USA

6. Name and Address of Current Registered Agent JAMES, JEREMY 10127 TROPICAL DR. BONITA SPRINGS, FL 34135	
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02092007 Chg-P CR2E034 (12/06)

4. FEI Number 16-1766802	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE _____
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T JAMES, JEREMY C 10127 TROPICAL DR. BONITA SPRINGS, FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, JEREMY 10127 TROPICAL DR. BONITA SPRINGS, FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S TUBBS, RUSHELLE 10127 TROPICAL DR. BONITA SPRINGS, FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUBBS, RUSHELLE 10127 TROPICAL DR. BONITA SPRINGS, FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.	
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SIGNATURE: <u>Jeremy C. James</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>2/10/07</u>	Daytime Phone #: <u>239-250-6249</u>
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