


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90048 002 ***150.00

DOCUMENT # P06000088091

1. Entity Name
 12 FOR 20 GROUP, INC.



Principal Place of Business
 1947 KEMP RD
 HAVANA FL 32333
 US

Mailing Address
 1947 KEMP RD
 HAVANA FL 32333
 US



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 545
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 Havana, FL.

City & State
 Havana, FL.

Zip
 32333

Country
 USA

4. FEI Number
 56-2595611

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name: Vickie Jordan
 Street Address (P.O. Box Number is Not Acceptable): 1947 Kemp Rd
 City: Havana FL Zip Code: 32333

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: *Vickie Jordan* (NOTE: Registered Agent signature required when reinstating)
 DATE: 4/9/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete
D	JORDAN, MICHAEL	PO BOX 545	HAVANA FL 32333	<input type="checkbox"/>
D	JORDAN, VICKIE	PO BOX 545	HAVANA FL 32333	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Vickie Jordan* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 DATE: 4/9/07
 DAYTIME PHONE #: 850-539-0084