## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 13, 2007 8:00 am DOCUMENT # P06000097640 **Secretary of State** 1. Entity Name 02-13-2007 90009 037 \*\*\*158.75 R.L. PAGITT ENTERPRISES, INC. Principal Place of Business Mailing Address 2538 PINETTA COURT 2538 PINETTA COURT HOLIDAY FL 34691 HOLIDAY FL 34691 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For Not Applicable Zip Zip Country Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAGITT, REBECCA L Street Address (P.O. Box Number is Not Acceptable) 2538 PINETTA COURT HOLIDAY FL 34691 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DHE ☐ Delete DIO ☐ Change ■ Addition REBECCA, PAGITT L NAME 2538 PINETTA COURT STREET ADDRESS STREET ADDRESS HOLIDAY FL 34691 CITY - ST- 7IP CITY - ST - ZIP ☐ Change TITLE Delete BILE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY ST ZP ☐ Delete THE ☐ Change ■ Addition NAMF NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TETLE NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7IP ☐ Delete ☐ Change Addition mic HILE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Defete DITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP

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:

FILED