## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 09, 2007 8:00 am Secretary of State

Principal Place of Business   222 TANGERINE AVE LAKE HELEN, FL 32744   US   274   US   US   274   US   US   274   US   US   US   US   US   US   US   U	DOCUMENT # P06000112207  1. Entity Name CABIN ON LAKE HELEN, INC.						00109 016 ***15	0.00
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2. Principal Pacco of Business - No P.O. Box # 3. Moling Address   Suite Apt #, viol.   Suite Apt #, viol.   Suite Apt #, viol.   Apt #, viol			<del>-</del>					
2. Principal Place of Businesse - No P.O. Bo. # 3. Melling Address   Suite, Apt. #, etc.   O4182007   ChgP   CR26034 (12/06)    City & State   City & State   A FET Namber   Applied For Exercise   For Suite   A FET Namber   A FET			US					
Sulid. Apt. #, etc.   Sulid. Apt. #, etc.   Sulid. Apt. #, etc.   Sulid. Apt. #, etc.   D4182007   Chg.P   CR2E034 (12/06)								11 <b>00</b> 1    400
City & State   City & State   Country   Zip	Principal Place of Business - No P.O. Box #     3. No P.O. Box #		3. Mailing Address	***************************************				
Summary   Summ	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182007	Chg-P	CR2E034 (12/06)	
Country	City & State		City & State		4. FEI Numbe	1.0433		•
LINDSAY, HEATHER 222 TANGERINE AVE LAKE HELEN, FL 32744   8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florids. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I can familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I can familiar with, and accept the obligations of registered agent	Zip	Country	Zip	Country	,		□ \$8.75 Add	litional
LINDSAY, HEATHER 222 TANGERINE AVE LAKE HELEN, FL 32744  8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am ribbliar with, and accept the obligations of registered agent.  SIGNATURE    City   FL   Zip Code		6. Name and Address of Current	Registered Agent		7. Name and	Address of New Re	gistered Agent	
Street Address (P.O. Box Number is Not Acceptable)  LAKE HELEN, FL 32744  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  Street Address (P.O. Box Number is Not Acceptable)  City Code  C	LINDOAV	HEATHED		Name				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signature hypotheric agent or private name of reputered agent				Street Address	(P.O. Box Numbe	r is Not Acceptable)	<u> </u>	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, higher or proved came of represent and ser if applicable.   (POTE Registered Agent septiator required adent and remotioning)   State	LAKE HEL	EN, FL 32744						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, higher or proved came of represent and ser if applicable.   (POTE Registered Agent septiator required adent and remotioning)   State								
SIGNATURE Signature, hybrid or priced rules or responsed agent and life if applicable.  FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  In OFFICERS AND DIRECTORS  II ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III D.P. LINDSAY, HEATHER  SIREEL ADDRESS CITY-ST-2P  LINDSAY, PHILIP  LINDSAY, PHILIP  S CITY-ST-2P  LINDSAY, PHILIP  LINDSAY,		•	•	City			FL Zip Cod	e
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12. I hereby certify that the information supplied with this filling 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 60?, 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: \_

	7024X
16 CM THEATHER	CORR
GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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