

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123690

FILED
Apr 12, 2007
Secretary of State

Entity Name: THE STUDIO ON GULF AND PINE, INC.

Current Principal Place of Business:

10101 GULF DR.
ANNA MARIA, FL 34216 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1849
ANNA MARIA, FL 34216 US

New Mailing Address:

P.O. BOX 728
ANNA MARIA, FL 34216 US

FEI Number: 51-0603872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, CHARLES H
3909 EAST BAY DR.
115
HOLMES BEACH, FL 34216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: CHILES, RHEA G
Address: 531 75TH ST.
City-St-Zip: HOLMES BEACH, FL 34217 US

Title: VP () Delete
Name: LYNN, SUE
Address: P.O. BOX 1008
City-St-Zip: ANNA MARIA, FL 34216 US

Title: VP () Delete
Name: WEBB, CHARLES H
Address: P.O. BOX 1849
City-St-Zip: ANNA MARIA, FL 34216 FL

Title: D () Delete
Name: CHILES, EDWARD
Address: 512 75TH ST.
City-St-Zip: HOLMES BEACH, FL 34217 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHILES, RHEA G
Address: 531 75TH ST.
City-St-Zip: HOLMES BEACH, FL 34217 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CHILES, LAWTON III
Address: 3130 BARINGER HILL DR.
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: T (X) Change () Addition
Name: CHILES, EDWARD
Address: 100 SPRING AVE.
City-St-Zip: HOLMES BEACH, FL 34217 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHEA G. CHILES

P

04/12/2007

Electronic Signature of Signing Officer or Director

_____ Date