


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90180 019 ***150.00

DOCUMENT # P93000027314 1. Entity Name 710 CORP.					
Principal Place of Business 706 W UNIVERSITY AVENUE GAINESVILLE FL 32601			Mailing Address 706 W UNIVERSITY AVENUE GAINESVILLE FL 32601		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SOLOMON, STEVEN D 706 W UNIVERSITY AVENUE GAINESVILLE FL 32601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 59-3214985	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE: _____ <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				Date: _____	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST / ZIP	PSD SOLOMON, STEVEN D 706 W UNIVERSITY AVENUE GAINESVILLE FL 32601		TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY ST / ZIP	V NEWMAN, MARK 3214 N.W. 51 PLACE GAINESVILLE FL		TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST / ZIP	ST SOLOMON, SANDY 5608 NW 99TH TERR GAINESVILLE FL		TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST / ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____