


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90216 032 \*\*\*150.00

<b>DOCUMENT # P93000048380</b>		
1. Entity Name PALMETTO APARTMENTS OF LAKE LAND, INC.		

Principal Place of Business 915 E. PALMETTO ST. LAKE LAND, FL 33801 US	Mailing Address 915 E. PALMETTO ST. LAKE LAND, FL 33801 US
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2. Principal Place of Business - No P.O. Box # <i>PALMETTO APTS - KKKIO 915 E. PALMETTO ST</i>		3. Mailing Address <i>915 E. PALMETTO ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>LAKE LAND FL</i>		City & State	
Zip <i>33801</i>	Country <i>FLORIDA</i>	Zip	Country



03022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3201400		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HYDEN, JOHN H 1905 SHADY LANE LAKE LAND, FL 33803		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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: *John H Hyden* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD HYDEN, JOHN H 1905 SHADY LANE SOUTH LAKE LAND, FL 33803 <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
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12. I hereby certify that the information supplied with this filing 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 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: *John H Hyden* 04/25/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #