2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 16, 2007 8:00 am
Secretary of State
04-16-2007 90083 010 ***150.00

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DOCUMENT # P94000014056

1. Entity Name
FLORIDAY PROPERTIES, INC.

Principal Place of Business	Mailing Address
232 SOUTH DILLARD STREET SUITE 201 WINTER GARDEN, FL 34787	PO BOX 770609 WINTER GARDEN, FL 34777-0609

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
132 W. Plant St			
Suite, Apt. #, etc.: Suite 200		Suite, Apt. #, etc.	
City & State: Winter Garden FL		City & State	
Zip: 34787	Country: U.S.	Zip	Country

4. FEI Number: 59-3231526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JUNE, ROHLAND A II 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787	Name: Street Address (P.O. Box Number is Not Acceptable): 132 W. Plant St Suite 200 City: Winter Garden FL Zip Code: 34787

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: [signature] 4-11-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D JUNE, ROHLAND A II 232 SOUTH DILLARD STREET WINTER GARDEN, FL 34787	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 P.O. Box 770609 Winter Garden FL 34777	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Rohland A. June 4-11-07 407-905-8180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #