

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000014634**

1. Entity Name  
**49TH STREET NORTH CORPORATION**

*52*



Principal Place of Business  
**10711 RED RUN BLVD  
STE 101  
OWINGS MILLS, MD 21117 US**

Mailing Address  
**10711 RED RUN BLVD  
STE 101  
OWINGS MILLS, MD 21117 US**



01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3218120**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RUGGLES, THOMAS W  
603 INDIAN ROCKS RD  
BELLEAIR, FL 33756**

**DO NOT WRITE  
IN THIS SPACE**

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, 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**

**U000000645312  
03/02/07-80078-007 650.00**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	SOLLINS, S. LEONARD
STREET ADDRESS	10711 RED RUN BLVD. STE 101
CITY-ST-ZIP	OWINGS MILLS, MD 211175138
TITLE	DVS
NAME	GOLDBERG, ILENE S
STREET ADDRESS	10711 RED RUN BLVD STE 101
CITY-ST-ZIP	OWINGS MILLS, MD 211175138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *S. Leonard Sollins, Pres.*  
**S. LEONARD SOLLINS**

*1/8/07 (410) 356-2880*  
Date Daytime Phone #