

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P94000018950

1. Entity Name
ROOM 4, INC.



Principal Place of Business
**P.O. BOX 770098
WINTER GARDEN, FL 34777-0098**

Mailing Address
**PO BOX 651
OAKLAND, FL 34760-0651 US**



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3245733	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BRITT, R NEIL
419 E OAKLAND AVE
OAKLAND, FL 34760**

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITT, ROBERT N PO BOX 651 ((N/A)) OAKLAND, FL 34760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COTTON, STEPHANN PO BOX 953208 ((N/A)) OAKLAND, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, GEORGE MARTIN 940 N KEPLER DELAND, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFTON, CRAIG 1405 BLACKWELDER RD DE LEON SPRINGS, FL 32130
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 exceptions 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

Date

407-656-2113

Daytime Phone #