2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000078037 FILED Feb 11, 2008 08:00 AM Secretary of State SEVEN GABLES REALTY, INC. Principal Place of Business Mailing Address 4312 N. PARK 4312 N. PARK TAMPA, FL 33624 TAMPA, FL 33624 No Chg-P 02082008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0533110 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ANGELO, CHRISTOPHER DO NOT WRITE 4415 CARROLLWOOD VILLAGE DR TAMPA, FL 33624 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE ANGELO, CHRISTOPHER NAME 4415 CARROLLWOOD VILLAGE DR STREET ADDRESS 02/20/08-80058-018 ISO 00 CITY-ST-ZIP **TAMPA, FL 33624** TIT) F ANGELO, NICKOLAS NAME STREET ADDRESS 12504 NETTLE CREEK RD CITY-ST-ZIP TAMPA, FL 33624 TITLE ANGELO, NICKOLAS J NAME 4312 NORTHPARK DRIVE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TAMPA, FL 33624 IN THIS SPACE TITLE ANGELO, MARIE MADELEIN NAME STREET ADDRESS **4312 NORTHPARK DRIVE** CITY-ST-ZIP TAMPA, FL 33624 TITLE NAME ANGELO, CHRISTOPHER

12. I hereby certify that the information supplied with this filing does not qualify for the examplines contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and therefore the corporation of the receiver or tursee 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:

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4312 NORTHGATE DRIVE

TAMPA, FL 33624

SIGNATURE AND TYPED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/4

(813) 219-7715

Daytime Phone #