


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90002 044 ***150.00

DOCUMENT # P94000081505 1. Entity Name A ROOM WITH A VIEW, INC.			
Principal Place of Business 5500 FLAGHOLE RD CLEWISTON, FL 33440 US		Mailing Address 5500 FLAGHOLE RD CLEWISTON, FL 33440 US	
2. Principal Place of Business - No P.O. Box # 2881 East Oakland Park Blvd		3. Mailing Address 2881 East Oakland Park Blvd.	
Suite, Apt. #, etc. 307		Suite, Apt. #, etc. 307	
City & State Ft. Lauderdale, Florida		City & State Ft. Lauderdale, Florida	
Zip 33306 Country USA		Zip 33306 Country USA	
4. FEI Number 65-0574434		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03192007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent PARKER, RICHARD 5500 FLAGHOLE RD CLEWISTON, FL 33440		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u><i>Richard Parker</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%;"> <u><i>Richard Parker</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%;"> <u><i>March 10, 2007</i></u> <small>DATE</small> </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD PARKER, RICHARD 5500 FLAGHOLE RD CLEWISTON, FL 33440	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Richard Parker</i></u> Richard Parker <u><i>March 10, 07</i></u> 954.594.5959 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			