## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P95000026747 05-29-2007 90043 030 \*\*\*150.00 1. Entity Name 56TH STREET ASSOCIATES, CORP. Principal Place of Business Mailing Address 40 -5035 E. BUSCH BLVD. 5035 E. BUSCH BLVD. SUITE 2 SUITE 2 TAMPA, FL 33617 TAMPA, FL 33617 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9385 N. 56th St. P.O. BOX Suite, Apt. #, etc. Suite Suite, Apt. #, etc. 05232007 CR2E034 (12/06) Chg-P 300 City & State City & State 4. FEI Number Applied For Temple TERRACE, 59-3303847 Not Applicable Zip 33687 \$8.75 Additional 5. Certificate of Status Desired Hillsboroug Hillsborough 33611 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHENS, KENNETH R 5035 E. BUSCH BLVD. SUITE 2 **TAMPA, FL 33617** 300 City Temple Zip Code 33617 TERRACE. 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. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE 9385 N. 56 th St., Suite 300 Temple TERRACE, FL 33617 STEPHENS, KENNETH R NAME NAME STREET ADDRESS 5035 E. BUSCH BLVD., SUITE 2 STREET ADDRESS TAMPA, FL 336175310 CITY-ST-7IP CITY-ST-ZIP ☐ Delete 9385 N. 56th St., Suite 300 TITLE TITLE NAME LAWN, MICHAEL A. NAME 5035 E. BUSCH BLVD., SUITE 2 STREET ADDRESS STREET ADDRESS Temple TERRACE, FL 33617 CHTY-ST-ZIP TAMPA, FL 336175310 CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 it 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.

FILED May 29, 2007 8:00 am

## ATTACHMENT

40118721 #P95000026747

May 23, 2007



Divisions of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE: 2007 For Profit Corporation Annual Report

56<sup>th</sup> Street Associates, Corp.

Kenneth K. Stephens

Dear Sir or Madam:

I am enclosing another report which I have filled out along with my check for \$150.00 for the filing fee. I sent my payment in on February 8, 2007 and paid the fee on check No. 9319 for \$150.00. This check has never cleared the bank. I called today and they said they do not show that it was ever received. Due to this fact I do not think I should have to pay the late filing fee of \$550.00.

I appreciate your help clearing up this matter. Please contact me if you have any questions.

Yours truly,

enclosures

2007 FOR PROFIT CORPORATION ANNUAL PORT (AR)

1. Entity Nam	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	17			ATTACI	HMENT		
56TH STI	REET ASSOCIATES, CORP.							
Principal Plac	e of Business	Mailing Address	<del></del>					
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TAMPA FL.:		TAMPA FL 33617			40087	121		
	Place of Business - No P.O. Box #	3. Mailing Address P.O. Box /	1-1-40		•			
Suite, Apt.	#, etc.	Suite. Apt. #, etc.	<u> </u>		1st MOORE	CR2E034	(10/06)	
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Zip / 336	Country	33687	Country		5. Certificate of Status Desire		8.75 Add	
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5035 E. BUSCH BLVD. SUITE 2			Street Ac	dress (	P.O. Box Number is Not Accept 5 N. 56 IA S	table)		
	MPA FL 33617			•	cite 300	<del></del>		-
			City		mple TerrA	10 Fl	Zip Code	3
	named entity submits this statement for	r the purpose of changing its	registered office or					<u> </u>
the obliga	tions of registered agent.		1100+	<b>(</b>		ala f		
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SIGNATURE	Signature, typed or printed name of registered agent a	and the ill applicable. (NOTE	: Registered Agent storetu	Re required	when reinstating)	DATE		
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disto per	Signature, typed or printed name of registered agent of the Indian Control of the Indian	DIRECTORS	11.	Re required	9. Election Co	Contribution.	DIRECTORS	od to Fees
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SIGNATURE: Kaston President K. R. Stephens 48/07 (813) 988-7177

BONATURE AND TYPED ON PREMIED NAME OF BENJAMO OFFICER ON DIRECTION

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