


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000059752 1. Entity Name CIRCLE SEVEN-L, INC.	
--	---

Principal Place of Business 1223 RIVERBEND DR LABELLE, FL 33935	Mailing Address P O BOX 757 LABELLE, FL 33975
---	---

DO NOT WRITE IN THIS SPACE



04052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3333173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, LARRY T
1223 RIVERBEND DR
P O BOX 757
LA BELLE, FL 33935

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HALL, LARRY T 1223 RIVER BEND DR LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HALL, STEVEN T 1223 RIVER BEND DR LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HALL, NATALIE A 1223 RIVERBEND DR. LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HALL, BRIAN T 1223 RIVERBEND DR. LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000705122
04/23/07-80038-021 150.00

**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: _____ *President* **4/10/07** **863-674-0571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #