


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000072674	
1. Entity Name LITTLE PIG ONE, INC.	

Principal Place of Business 1471 LEE ROAD WINTER PARK, FL 32892	Mailing Address C/O PAULA BOWERS 1471 LEE ROAD WINTER PARK, FL 32892
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01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3336551	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent NEUKAMM, MICHAEL E 301 EAST PINE STREET SUITE 1400 ORLANDO, FL 32801
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**000000508143
01/31/07-80065-014 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WESTON, ALFRED S 1171 AUDUBON WAY MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHEELER, CLARENCE 5720 PADGETT CIRCLE ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BOWERS, PAULA 219 RIPPLING LANE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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: Paula S. Bowers **PAULA S. BOWERS** 1/12/2007 407-649-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #