


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000024829 1. Entity Name SEVEN DWARFS, INC.	
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Principal Place of Business 3500 EMERALD COAST PKWY DESTIN, FL 32541 US	Mailing Address P.O. BOX 121 MARY ESTHER, FL 32519 US
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3371925	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 SEYMOUR, EDWARD H 35000 EMERALD COAST PKWY DESTIN, FL 32541	DO NOT WRITE IN THIS SPACE
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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 file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLIN, JAMES 35000 EMERALD COAST PKWY DESTIN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SEYMOUR, EDWARD H 35000 EMERALD COAST PKWY DESTIN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAUL, BRUCE 35000 EMERALD COAST PKWY DESTIN, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000182443
01/19/05-80028-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James Olin 1/11/05 615-599-9789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #