

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000024829

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: SEVEN DWARFS, INC.

**Current Principal Place of Business:**

3500 EMERALD COAST PKWY  
DESTIN, FL 32541 US

**New Principal Place of Business:**

35000 EMERALD COAST PKWY  
DESTIN, FL 32541 US

**Current Mailing Address:**

P.O. BOX 121  
MARY ESTHER, FL 32519 US

**New Mailing Address:**

130 WEST SHIPWRECK ROAD  
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-3371925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEYMOUR, EDWARD H  
35000 EMERALD COAST PKWY  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OLIN, JAMES  
Address: 35000 EMERALD COAST PKWY  
City-St-Zip: DESTIN, FL

Title: STD ( ) Delete  
Name: SEYMOUR, EDWARD H  
Address: 35000 EMERALD COAST PKWY  
City-St-Zip: DESTIN, FL

Title: D ( ) Delete  
Name: CRAUL, BRUCE  
Address: 35000 EMERALD COAST PKWY  
City-St-Zip: DESTIN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT LAUNCH

CPA

01/03/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date