

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000024829

1. Entity Name
SEVEN DWARFS, INC.



Principal Place of Business
**35000 EMERALD COAST PKWY
DESTIN, FL 32541 US**

Mailing Address
**130 WEST SHIPWRECK ROAD
SANTA ROSA BEACH, FL 32459 US**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3371925

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

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:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | OLIN, JAMES |
| STREET ADDRESS | 35000 EMERALD COAST PKWY |
| CITY-ST-ZIP | DESTIN, FL |
| TITLE | STD |
| NAME | SEYMOUR, EDWARD H |
| STREET ADDRESS | 35000 EMERALD COAST PKWY |
| CITY-ST-ZIP | DESTIN, FL |
| TITLE | D |
| NAME | CRAUL, BRUCE |
| STREET ADDRESS | 35000 EMERALD COAST PKWY |
| CITY-ST-ZIP | DESTIN, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000776753
01/09/08-80038-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/08 250 699 1828