


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P96000024829 1. Entity Name SEVEN DWARFS, INC.	
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Principal Place of Business 35000 EMERALD COAST PKWY DESTIN, FL 32541 US	Mailing Address 130 WEST SHIPWRECK ROAD SANTA ROSA BEACH, FL 32459 US
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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 <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

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, 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 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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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: 1/6/08 250 699 1828
 Daytime Phone #