

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000070508

1. Entity Name
SEVEN NORTH, INC.



Principal Place of Business
1250 - 9TH STREET NORTH
ST. PETERSBURG, FL 33705

Mailing Address
1250 - 9TH STREET NORTH
ST. PETERSBURG, FL 33705

DO NOT WRITE IN THIS SPACE

**FILED
Apr 29, 2005 8:00 am
Secretary of State**

04-29-2005 90250 050 ***150.00

14009301



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3414707	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LOVELACE, WILLIAM K.
2310 WEST BAY DRIVE
LARGO, FL 33770

**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, 2005 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	PST COURNOYER, JAMES F 1250 9TH STREET NORTH ST PETERSBURG, FL 33705
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4125105727-894-5266
Date
Daytime Phone #