2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000073645

1. Entity Name
FOUR PONDS ESTATES, INC.

FILED
07 APR -9 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
8067 WOODVILLE HIGHWAY TALLAHASSEE, FL 32311	% NANETTE CAUSSEAUX P.O. BOX 1229 WOODVILLE, FL 32362

DO NOT WRITE IN THIS SPACE

04092007 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMB, MARION D III
1972 RAYMOND DIEHL ROAD
TALLAHASSEE, FL 32308

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	CAUSSEAUX, NANETTE
STREET ADDRESS	PO BOX 1229 N/A
CITY-ST-ZIP	WOODVILLE, FL 32362
TITLE	STD
NAME	ROBERTS, SUE P
STREET ADDRESS	PO BOX 117 N/A
CITY-ST-ZIP	WOODVILLE, FL 32362
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100098563931
04/25/07--01022--010 **150.00

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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: Nanette J Causseaux 4/9/07 850 245-6051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #