

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90016 022 ***150.00

DOCUMENT # P96000078771

1. Entity Name
 TYMBER CREEK 7, INC.



Principal Place of Business
 444 SEABREEZE BLVD
 SUITE 1000
 DAYTONA BEACH, FL 32118

Mailing Address
 444 SEABREEZE BLVD
 SUITE 1000
 DAYTONA BEACH, FL 32118



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3402490 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LICHTIGMAN, CHARLES S
 444 SEABREEZE BLVD.
 SUITE 1000
 DAYTONA BEACH, FL 32118

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 _____ 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, 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	D
NAME	HOLUB, PAUL F JR
STREET ADDRESS	PO BOX 730086
CITY-ST-ZIP	ORMOND BEACH, FL 32173
TITLE	D
NAME	HOLUB, PAUL F SR
STREET ADDRESS	PO BOX 730086
CITY-ST-ZIP	ORMOND BEACH, FL 32173
TITLE	D
NAME	LICHTIGMAN, CHARLES S
STREET ADDRESS	444 SEABREEZE BLVD STE 1000
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Charles S. Lichtigman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/08 386-238-3600
 Date Daytime Phone #