

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 A
Secretary of State

DOCUMENT # P99000008099

1. Entity Name
HYACINTH HOLDINGS, INC.



Principal Place of Business
**3760 N. JOHN YOUNG PKWY
#101
ORLANDO, FL 32804**

Mailing Address
**3760 N. JOHN YOUNG PARKWAY
#101
ORLANDO, FL 32804**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3555641

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PITTMAN, BEN
3760 N. JOHN YOUNG PKWY
SUITE 101
ORLANDO, FL 32804**

**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

B. Pittman
BW PITTMAN

1-8-07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PITTMAN, BEN E
3760 N. JOHN YOUNG PKWY., #101
ORLANDO, FL 32804**

TITLE
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000000585825
01/16/07-80028-018 150.00

**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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

Date

407.293-9100

Daytime Phone #