## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 19, 2007 08:00 AN DOCUMENT # P99000008633 Secretary of State CHARLES B. COSTAR JR., INC. Principal Place of Business Mailing Address 1200 PENINSULA DRIVE 1200 PENINSULA DRIVE TAVARES, FL 32778 TAVARES, FL 32778 01112007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3558203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COSTAR, CHARLES B JR. DO NOT WRITE 1200 PENINSULA DRIVE TAVARES, FL 32778 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10 OFFICERS AND DIRECTORS TITLE COSTAR, CHARLES B JR. MARK 1200 PENINSULA DRIVE STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 TIBE U00000593490 01/22/07-80033-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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 cath; 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 address, with all other like empowered.

SIGNATURE:

ms NAME STREET ADDRESS CITY-ST-ZIP