



**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P99000016228 1. Entity Name KISSIMMEE 17 CORPORATION	
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Principal Place of Business 4776 NEW BROAD ST STE 250 ORLANDO, FL 32814 US	Mailing Address 4776 NEW BROAD ST STE 250 ORLANDO, FL 32814 US
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DO NOT WRITE IN THIS SPACE

	
04242007 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3565573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHITE, ROBERT B JR. 4776 NEW BROAD ST SUITE 252 ORLANDO, FL 32814	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GODWIN, LARRY 4776 NEW BROAD ST SUITE 250 ORLANDO, FL 32814
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IN THIS SPACE**

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05/14/07-80060-010 150.00

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 a power of attorney.

SIGNATURE:  **4/24/07 407-628-4005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Day to Print: _____