2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-06-2007 90002 037 ***150.00
S40879

DOCUMENT # S40879

1. Entity Name
431 CANAL STREET, INC.

FILED
07 AUG -6 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
431 CANAL ST. SUITE A NEW SMYRNA BEACH, FL 32168	431 CANAL ST. SUITE A NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

02162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3069091
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMPSON, GWS III
431 CANAL ST.
SUITE A
NEW SMYRNA BEACH, FL 32168

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, 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	DP
NAME	SIMPSON, G.W.S., III
STREET ADDRESS	431 CANAL ST.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL
TITLE	DVST
NAME	PETERSON, SIDNEY C. J
STREET ADDRESS	418 CANAL ST
CITY-ST-ZIP	NEW SMYRNA BCH, FL
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	

$78/6

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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: _____ 7307 2-16-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Copy of what was sent to you on 2-16-07
Karen W
ATTACHMENT
Ast to - Atty Simpson

401230064

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