

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S98396

FILED
Apr 16, 2006
Secretary of State

Entity Name: SEVEN SPRINGS TRAVEL PARK, INC.

Current Principal Place of Business:

8039 OLD C.R. 54
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

7419 US HWY 19
NEW PORT RICHEY, FL 346528240 US

New Mailing Address:

FEI Number: 59-3097444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, DAVID R., ESQ.
7419 U.S. HIGHWAY 19
NEW PORT RICHEY, FL 346528240 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MAYER, JOSEPH,
Address: 3830 DEVITTS RD R.R. #2
City-St-Zip: BLACKSTOCK, ONT, CAN,

Title: DS () Delete
Name: MAYER, TAMARA,
Address: 3830 DEVITTS RD R.R. #2
City-St-Zip: BLACKSTOCK, ONT, CAN,

Title: DV () Delete
Name: MAYER, JOSEPH E.,
Address: 3830 DEVITTS RD R.R. #2
City-St-Zip: BLACKSTOCK, ONT, CAN,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MAYER

DPT

04/16/2006

Electronic Signature of Signing Officer or Director

Date