2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM Secretary of State

	ANNUAL	. REPORT		۰۰, ε ۱۹۲۰, γγ ε	; 🔊 🔊	Secretary of Stap
	MENT # V18012				: :	
MUNIAN	DEVELOPMENTS INC.	**************************************		1	gar ar a manusagamatum — ga bib. 1144 bib sadebi (b	
Principal Plac	ce of Business	Mailing Address		4	rin en	Fig. 5 in the design feet, and the second section of the secti
	CONA OCOEE RD.,	7421 CLARCONA OCOEE RD., ORLANDO, FL 32818			. ,	
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DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb		Applied For Not Applicable
			٠,		of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	-			
MUNIAN, FRANKLIN O 7421 CLARCONA OCOEE ROAD DO NOT WRITE						
ORLANDO, FL 32818				``	THIS SE	
				,		7.02
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its register	l ed office or registe	ered agent, or bo	oth, in the State of Fl	orida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE: Registere	d Agent signature require	ed when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be U00000607663 Added to Fees 01/31/07-80047-010 158.75		
10.	OFFICERS AND	DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MUNIAN, FRANKLIN ORLANDO 7421 CLARCONA OCOEE ROA ORLANDO, FL 33818					
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
THE			1			
NAME STREET ADDRESS						
CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify for the av-	emotions couls:se	d in Chapter 11	9. Florida Statutos	further certify that the information
indicated of the cor	certify that the information supplied will for this report or suppliemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that my signal owered to execute this report as requi	ture shall have the	same legal effe	ct as if made under	oath, that I am an officer or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _