


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # V24701
 1. Entity Name
 72 HOUR BLIND FACTORY OF LAKE COUNTY, INC.



Principal Place of Business 15519 US HWY 441 SUITE A-101 EUSTIS, FL 32726 US	Mailing Address 15519 US HWY 441 SUITE A-101 EUSTIS, FL 32726 US
---	---



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3112898	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
 ZIMMERMAN, PETER H.
 15519 US HWY 441
 SUITE A-101
 EUSTIS, FL 32726

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMMERMAN, PETER H. 30125 TAVARES RIDGE BLVD TAVARES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ZIMMERMAN, KATHLEEN J 30125 TAVARES RIDGE BLVD. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZIMMERMAN, V, PETER H 30123 TAVARES RIDGE BLVD. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000621165
 02/12/07-80006-003 150.00

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 another like empowered.

SIGNATURE: *Peter H. Zimmerman* *Peter H. Zimmerman* *2/2/07* *483-1777*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #