## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # V58845**

1. Entity Name

SEVÉN SPRINGS REALTY, INC.



## FILED Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90198 026 \*\*\*158.75

Principal Place of Business

8726 OLD CR 54

SUITE A

NEW PORT RICHEY, FL 34653

Mailing Address

8726 OLD CR 54

SUITE A

NEW PORT RICHEY, FL 34653

50001351



01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3143731

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SZEWCZYK, LYDIA 8726 STATE ROAD 54 SUITE A

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NEW PORT RICHEY, FL 34653			IN THIS SPACE		
	tions of registered agent.				oth, in the State of Florida. I am familiar with, and accept
	Signature, typed or printed name of egistered agent and title	if applicable. (NOTE: Registered Agen	t signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			<del></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SZEWCZYK-KRAUTH, LYDIA 8726 OLD CR 54, STE A NEW PORT RICHEY, FL 34653				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information subplied with this filing does not qualify or the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied ental feport 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:

NAME STREET ADDRESS CITY-ST-ZIP

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2007

376-7070

Daytime Phone #