2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2007 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT #642893** 1. Entity Name RONALD F. BENNETT, P.A. Principal Place of Business Mailing Address 348 E. ADAMS ST. 348 E. ADAMS ST. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 01032007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1943984 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENNETT, RONALD F. DO NOT WRITE 348 E. ADAMS ST. JACKSONVILLE, FL 32202 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 Signature typed or printed name of registered agent and title if applicable. U00000579234 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be 01/09/07-80061-016 158.75 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE BENNETT, RONALD F NAME STREET ADDRESS 348 E. ADAMS ST. JACKSONVILLE, FL CITY-ST-ZIP TITLE NAME BENNETT, RONALD F. STREET ADDRESS 348 E. ADAMS ST. JACKSONVILLE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07 (904) 355-2611

Daylime Phone

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