2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F05000001839

1. Entity Name
KINGGUINN ASSOCIATES, P.A., INC.

Principal Place of Business	Mailing Address
1309 AMBLE DRIVE CHARLOTTE, NC 28206	1309 AMBLE DRIVE CHARLOTTE, NC 28206

07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1010959
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, JOHN
CRESCENT RESOURCES
300 PRIMERA BOULEVARD, SUITE 140
LAKE MARY, FL 32746

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

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUINN, TERRELL B P.E.
STREET ADDRESS	1309 AMBLE DRIVE
CITY-ST-ZIP	CHARLOTTE, NC 28206
TITLE	V
NAME	MCGINNIS, LAWRENCE A P.E.
STREET ADDRESS	1309 AMBLE DRIVE
CITY-ST-ZIP	CHARLOTTE, NC 28206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Terrell B. Guinn 09.03.07 704 597-1340
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR — Date — Daytime Phone #