

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94454

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Entity Name:** JAMES W. SEARS, P.A.

**Current Principal Place of Business:**

25 S MAGNOLIA AVE  
ORLANDO, FL 32801

**New Principal Place of Business:**

37 NORTH ORANGE AVENUE, SUITE 200  
ORLANDO, FL 32801

**Current Mailing Address:**

25 S MAGNOLIA AVE  
ORLANDO, FL 32801

**New Mailing Address:**

P.O. BOX 561236  
ORLANDO, FL 32856

**FEI Number:** 59-2214361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEARS, JAMES W  
25 S. MAGNOLIA AVE.  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

SEARS, JAMES W  
37 NORTH ORANGE AVE., SUITE 200  
ORLANDO, FL 32801 US

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.

SIGNATURE: \_\_\_\_\_

04/26/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVS ( ) Delete  
Name: SEARS, JAMES W  
Address: 25 S MAGNOLIA AVE  
City-St-Zip: ORLANDO, FL 32801

Title: TD ( ) Delete  
Name: SEARS, JAMES W  
Address: 25 S MAGNOLIA AVE  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PVS (X) Change ( ) Addition  
Name: SEARS, JAMES W  
Address: P.O. BOX 561236  
City-St-Zip: ORLANDO, FL 32856

Title: TD (X) Change ( ) Addition  
Name: SEARS, JAMES W  
Address: P.O. BOX 561236  
City-St-Zip: ORLANDO, FL 32856

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. SEARS

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date