

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90020 031 ***150.00

40073044



04162007 Chg-P CR2E034 (12/06)

4. FEI Number
20-8848239

Applied For
Not Applicable

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

DOCUMENT # P06000055001
1. Entity Name
ANGELA FLOYD SEYMOUR, P.A.



Principal Place of Business
112 TURTLE COVE CT.
PONTE VEDRA BCH, FL 32082

Mailing Address
112 TURTLE COVE CT.
PONTE VEDRA BCH, FL 32082

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent
SEYMOUR, ANGELA F
112 TURTLE COVE CT.
PONTE VEDRA BCH, FL 32082

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE	☐ Change	☐ Addition	
NAME	SEYMOUR, ANGELA F			NAME			
STREET ADDRESS	112 TURTLE COVE CT.			STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BCH, FL 32082			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE	☐ Change	☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Angela F Seymour Date: 4-17-07 Daytime Phone #: 904 704-9726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA SEYMOUR