
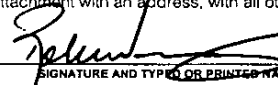


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90199 020 ***150.00

DOCUMENT # F21683 1. Entity Name ROBERT F. VASON, JR., P.A.																	
Principal Place of Business 501 E FIFTH AVE MOUNT DORA, FL 32757 US			Mailing Address PO BOX 1430 MOUNT DORA, FL 32756-1430 US														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.															
City & State		City & State															
Zip	Country	Zip	Country														
6. Name and Address of Current Registered Agent VASON, ROBERT F JR 501 E 5TH AVE MOUNT DORA, FL 32757				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City													
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.				4. FEI Number 59-2068602													
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required													
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																	
\$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VASON, ROBERT F JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>501 E 5TH AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MT DORA, FL 32757</td> <td></td> </tr> </table>						TITLE	PD	<input type="checkbox"/> Delete	NAME	VASON, ROBERT F JR		STREET ADDRESS	501 E 5TH AVE		CITY-ST-ZIP	MT DORA, FL 32757	
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CITY-ST-ZIP	MT DORA, FL 32757																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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:  ROBERT F. VASON JR. PRES (352) 383-4151 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																	
Date: 4-17-07 Daytime Phone #																	

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