2007 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT #F41092 1. Entity Name DAVID C. ECKEL, P.A.

FILED Jan 09, 2007 08:00 AN Secretary of State

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Principal Plac 6121 NW 1S GAINESVILLE	T PLACE	Mailing Address 6121 NW 1ST PLACE GAINESVILLE, FL 32607								
D	O NOT WRITE I	01042007 No Chg-P CR2E034 (11/05) 4. FEI Number								
ECKEL, DA 6121 N.W. GAINESVI		stered Agent	DO NOT WRITE 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 its	when reinstating)	DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				i. 00 May Be 01/10/07-80039-020 158.75						
10.	OFFICERS AND DIRE	CTORS								
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD ECKEL, DAVID 6121 NW 1ST PLACE GAINESVILLE, FL 00000,									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GARLOVILLE, 1 E 00000,				· -					
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-SI-ZIP				-						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•						
12. I hereby o	ertify that the information supplied with this	filing does not qualify for the eve	mntions contained	in Chanter 110	Florida Statutos I further certifu that the information					

recovery of the composition supplied with this time descriptions 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 reperture structure 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 reperture structure and accurate 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.

S	G	NA	TL	JR	E

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3524722873 1/4/07

Daytime Phone #