2007 FOR PROFIT CORPORATION ANNUAL REPORT

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FILED Feb 05, 2007 08:00 AM Secretary of State

| ANNUAL REPORT | | | | 100 | 02, 2007 00:00 |
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| DOCUMENT # F56684 | | | | S | ecretary of Sta |
| JON H. GUTMACHER, P.A. | | | | | |
| Principal Place of Business | Mailing Address | | | | |
| 200 N THORTON AVE | 200 N THORTON AVE | | | | |
| ORLANDO, FL 32801 US | ORLANDO, FL 32801 US | | ŀ | | |
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| | | | 59-21 | | Not Applicable \$8.75 Additional |
| 2 | | | 5. Certificat | e of Status Desired | Fee Required |
| 6. Name and Address of Current R | gistered Agent | | | | |
| GUTMACHER, JON H | | | no | NOT W | DITE |
| 200 N THORNTON AVE ORLANDO, FL 32801 | | 1000000 | La de la Mille de la descripción de la composición del composición de la composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composición del composición del composici | line kalimusense stalie ilikelise | and the producer than the relation of the other window |
| ORGANDO, FE 92001 | | | IN | THIS SF | 'ACE |
| | | | | | |
| 8. The above named entity submits this statement for t | he purpose of changing its registe | red office or I | egistered agent, or b | oth, in the State of Fig | ride. Lam familiar with, and accept |
| the obligations of registered agent. | ·- p p | | og.c.o.o.o.o.o. | 541, 41 B14 B1410 B11 12 | The state of the s |
| SIGNATURE | | ······································ | · · · · · · · · · · · · · · · · · · · | | |
| Signature, typed or printed name of registered agent an | 1 title if applicable. (NOTE: Register | od Agent agnatur | e required when reinstating) | 1 | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | Election Campaign Fina Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND D | RECTORS | | | | |
| TITLE PD GUTMACHER JON H | | | | | |
| NAME GUTMACHER, JON H STREET ADDRESS 200 N THORNTON AVE | | | | | |
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| | | 2022/1920 | | and the same of the same is | 100 - |

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 oalh; 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 agricess, with all other like empowered.

SIGNATURE: SIGNATURE: