

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90029 009 ***150.00

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01302007 Chg-P CR2E034 (12/06)

DOCUMENT # F97640 1. Entity Name MERLE F. HENRY, C.P.A., P.A.					
Principal Place of Business 6258 PRESIDENTIAL CT., SW STE 104 FORT MYERS, FL 33919			Mailing Address 6258 PRESIDENTIAL CT., SW STE 104 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # 6213 Presidential Court <small>Suite, Apt. #, etc.</small> Suite B <small>City & State</small> Fort Myers, Florida <small>Zip Country</small> 33919 USA		3. Mailing Address 6213 Presidential Court <small>Suite, Apt. #, etc.</small> Suite B <small>City & State</small> Fort Myers, Florida <small>Zip Country</small> 33919 USA			
4. FEI Number 59-2222613			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HENRY, MERLE F. 6258 PRESIDENTIAL CT. SW FORT MYERS, FL 33919				7. Name and Address of New Registered Agent <small>Name</small> Merle F. Henry <small>Street Address (P.O. Box Number is Not Acceptable)</small> 6213 Presidential Court <small>Suite B</small> <small>City</small> Fort Myers	
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.				<small>Zip Code</small> FL 33919	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PST <input type="checkbox"/> Delete HENRY, MERLE F., C.P.A. 6258 PRESIDENTIAL CT. SW FORT MYERS, FL		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6213 Presidential Court, Suite B	
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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: <u>Merle F. Henry</u> MERLE F. HENRY JAN 30 2007 (239) 481-5100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					