

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # G48840

1. Entity Name
JOHN W. MYERS & ASSOCIATES, P.A.



Principal Place of Business
**20551 NE 75TH ST
WILLISTON, FL 32696**

Mailing Address
**20551 NE 75TH ST
WILLISTON, FL 32696**



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2312433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITEHURST, WILLIAM J
20551 NE 75TH ST
WILLISTON, FL 32696**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

TITLE	S
NAME	WHITEHURST, JACKSON W
STREET ADDRESS	20551 NE 75TH ST
CITY-ST-ZIP	WILLISTON, FL 32696

TITLE	T
NAME	WHITEHURST, JAMES M
STREET ADDRESS	20551 NE 75TH ST
CITY-ST-ZIP	WILLISTON, FL 32696

TITLE	V
NAME	WHITEHURST, D E JR
STREET ADDRESS	20551 NE 75TH ST
CITY-ST-ZIP	WILLISTON, FL 32696

TITLE	P
NAME	WHITEHURST, WILLIAM J
STREET ADDRESS	20551 NE 75TH ST
CITY-ST-ZIP	WILLISTON, FL 32696

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80084-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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 William J. Whitehurst
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 24, 2007 (852) 528-2101
Date Daytime Phone #