

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90017 029 ***150.00

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01182007 Chg-P CR2E034 (12/06)

DOCUMENT # G59672 1. Entity Name JOSEPH J. DEROSS, JR., P.A.					
Principal Place of Business 401 S. INDIAN RIVER DR. FT PIERCE, FL 34950 US			Mailing Address 401 S. INDIAN RIVER DR. FT PIERCE, FL 34950 US		
2. Principal Place of Business - No P.O. Box # 500 VIRGINIA AVE		3. Mailing Address 500 VIRGINIA AVE			
Suite, Apt. #, etc. # 200		Suite, Apt. #, etc. # 200			
City & State FORT PIERCE, FL		City & State FORT PIERCE, FL		4. FEI Number 59-2356838	
Zip 34982		Country SL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE ROSS, JOSEPH J JR 401 S. INDIAN RIVER DR. FT PIERCE, FL 34950				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500 VIRGINIA AVE # 200 City FORT PIERCE FL Zip Code 34982	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS DEROSS, JOSEPH J JR 401 S. INDIAN RIVER DR. FT PIERCE, FL 34950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 VIRGINIA AVE # 200 FORT PIERCE, FL 34982	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT DEROSS, JOSEPH J JR 401 S. INDIAN RIVER DR. FT PIERCE, FL 34950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500 VIRGINIA AVE # 200 FORT PIERCE, FL 34982	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 2/20/07 772-465-3500 </div> <small>Date Daytime Phone #</small>		