

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # H47960

1. Entity Name

F. B. ESTERGREN, P.A.



Principal Place of Business

316 YACHT CLUB DR
FT WALTON BCH FL 32548
US

Mailing Address

P.O. DRAWER 2167
FT. WALTON BEACH FL 32549
US



2. Principal Place of Business - No P.O. Box #
316 Yacht Club Dr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Drawer 2167

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Ft. Walton Beach, FL

City & State

FT. Walton Beach FL

4. FEI Number

59-2506934

Applied For

Not Applicable

Zip

32548

Country

U.S.

Zip

32549

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTERGREN, F. B.
316 YACHT CLUB DRIVE
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME JOHN JAY GONTAREK
STREET ADDRESS 181 NE EGLIN PKWY
CITY-STATE-ZIP FORT WALTON BEACH FL 32548

TITLE DP ☐ Delete
NAME ESTERGREN, F.B.
STREET ADDRESS 316 YACHT CLUB DR.
CITY-STATE-ZIP FT. WALTON BEACH FL 32548

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

000000612972
02/05/07-80019-024 150.00

TITLE ☐ Change ☐ Addition
NAME
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CITY-STATE-ZIP

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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: F.B. Estergren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-29-07
850 243 0139

Daytime Phone #