

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H60884

FILED
Mar 29, 2007
Secretary of State

Entity Name: THOMAS D. TREECE, P.A.

Current Principal Place of Business:

4210 BAY MEADOWS RD.
4316 KINCARDINE DR.
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

4465 BAY MEADOWS RD.
STE. 2
JACKSONVILLE, FL 32217 US

Current Mailing Address:

% THOMAS D. TREECE
4316 KINCARDINE DR.
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-2539261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREECE, THOMAS D.
4316 KINCARDINE DR.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TREECE, THOMAS D.,
Address: 4316 KINCARDINE DR.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D TREECE

PRES

03/29/2007

Electronic Signature of Signing Officer or Director

Date