

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J49154

**FILED**  
**Oct 31, 2007**  
**Secretary of State**

**Entity Name:** GILBERT, WALLACE, STEWART, MCGEE, STRAMEL & SOWERS, P.A.

**Current Principal Place of Business:**

2040 VIRGINIA AVE.  
FT. MYERS, FL 33901

**New Principal Place of Business:**

2040 VIRGINIA AVENUE  
FORT MYERS, FL 33901

**Current Mailing Address:**

2040 VIRGINIA AVE.  
FT. MYERS, FL 33901

**New Mailing Address:**

2040 VIRGINIA AVENUE  
FORT MYERS, FL 33901

**FEI Number:** 59-2745432

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MC GEE, DANIEL TODD  
2040 VIRGINIA AVE.  
FT. MYERS, FL 33901 US

**Name and Address of New Registered Agent:**

SOWERS, JAMES M  
2040 VIRGINIA AVENUE  
FORT MYERS, FL 33901 US

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: JAMES M. SOWERS

10/31/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVS ( ) Delete  
Name: STRAMEL, DIANE E.  
Address: 43 SE 20TH CT  
City-St-Zip: CAPE CORAL, FL 33990

Title: DPT ( ) Delete  
Name: MCGEE, DANIEL TODD,  
Address: 12717 SUMMERWOOD DR.  
City-St-Zip: FORT MYERS, FL 33908

Title: DV (X) Delete  
Name: SOWERS, JAMES M  
Address: 14570 MAJESTIC EAGLE COURT  
City-St-Zip: FORT MYERS, FL 339121915

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: STRAMEL, DIANE E  
Address: 2040 VIRGINIA AVENUE  
City-St-Zip: FORT MYERS, FL 33901

Title: DVT (X) Change ( ) Addition  
Name: SOWERS, JAMES M  
Address: 2040 VIRGINIA AVENUE  
City-St-Zip: FORT MYERS, FL 33901

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

I hereby certify that the information supplied with this filing does not qualify 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: DIANE E. STRAMEL

P

10/31/2007

Electronic Signature of Signing Officer or Director

Date