## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # J49777**

1. Entity Name

RONALD R. WINN, C.P.A., P.A.



FILED Feb 12, 2007 08:00 AN Secretary of State

Principal Place of Business

2103 S. GRANT PLACE MELBOURNE, FL 32901 Mailing Address

2103 S. GRANT PLACE MELBOURNE, FL 32901



## No Chg-P CR2E034 (11/05) 01032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2754050 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WINN, RONALD R. **DO NOT WRITE** 2103 S. GRANT PLACE IN THIS SPACE MELBOURNE, FL 32901 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PΠ TITLE WINN, RONALD R. NAME STREET ADDRESS 2103 S. GRANT PLACE CITY-ST-ZIP MELBOURNE, FL TITLE U00000830997 NAME ′20/07-80029-018 150.00 STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE THIS SPACE NAME STREET ADDRESS

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

MORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rower R WINN

2%-07

321-723-314

Daytime