2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2007 08:00 AM Secretary of State

ANNUAL REPORT			C4 C C4-4			
DOCUMENT # J84463 1. Entity Name J. BRUCE BICKNER, P.A.				560	cretary of S	tat
Principal Place of Business . 1406 KINGSLEY AVENUE STE E ORANGE PARK, FL 32073 US	Mailing Address 1406 KINGSLEY AVENUE ORANGE PARK, FL 32073	us .				
DO NOT WRITE IN THIS SPACE		07022007 No Chg-P CR2E034 (11/05) 4. FE! Number				
6. Name and Address of Current Reg	istered Agent				Fee Required	
BICKNER, J. BRUCE 1406 KINGSLEY AVE. STE. E ORANGE PARK, FL 32073 8. The above named entity submits this statement for the purpose of changing its registere		DO NOT WRITE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. It am familiar with, and accept				
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and it	CK	d Agent signature required			7/3/07 DATE	
FILE NOW!!! FEE IS \$150,00 Due by September 14, 2007	Election Campaign Finan Trust Fund Contribution.		.00 May Be led to Fees	In accordance with s corporation did not r	s. 607.193(2)(b), F.S., the receive the prior notice.	=
10. OFFICERS AND DIR TITLE D NAME BICKNER, J. BRUCE STREET ADDRESS 1406 KINGSLEY AVE., STE. E CITY-SI-ZIP ORANGE PARK, FL 32073	ECTORS			U0000 07/05/07	10766977 !-80005-018 150	0 . 0 0
TITLE NAME STREET ADDRESS CITY- ST- ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3,			NOT WR		
TITLE	•	1	IN .	THIS SPA	CE	

12. I hereby certify that the information supplied with this filling 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Bruce Bickner

7/3/07

904-278-5100

Daytime Phone #