

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90206 045 ***150.00

DOCUMENT # J95195 1. Entity Name RICKY D. GORDON, P.A.					
Principal Place of Business 2856 UNIVERSITY DR. CORAL SPRINGS, FL 33065			Mailing Address 2856 UNIVERSITY DR. CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business - No P.O. Box # 5497 Wiles Road		3. Mailing Address 5497 Wiles Road			
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc. Suite 206			
City & State Coconut Creek		City & State Coconut Creek			
Zip 33073	Country USA	Zip 33073	Country USA	4. FEI Number 65-0014723	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GORDON, RICKY D. 2856 UNIVERSITY DR. CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name Gordon, Ricky D. Street Address (P.O. Box Number is Not Acceptable) 5497 Wiles Road Suite 206 City Coconut Creek FL Zip Code 33073		
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 <u><i>Ricky D. Gordon</i></u> 4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GORDON, RICKY D. 2856 UNIVERSITY DR. CORAL SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Gordon, Ricky D. 5497 Wiles Road, Suite 206 Coconut Creek, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GORDON, RICKY D. 2856 UNIVERSITY DR. CORAL SPRINGS, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gordon, Ricky D. 5497 Wiles Road, Suite 206 Coconut Creek, FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Ricky D. Gordon</i></u> 4/17/07 954-753-0200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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