2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 22, 2007 08:00 AM Secretary of State

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1. Entity Name

SHEPPARD, BRETT, STEWART, HERSCH & KINSEY, P.A.



Principal Place of Business

9100 COLLEGE POINTE COURT FT MYERS, FL 33919 US

Mailing Address

9100 COLLEGE POINTE COURT FT MYERS, FL 33919 US



01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0102401

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAY A. BRETT

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B. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. SIGNATURE Sophilar hyperior or registered agent are set of applicable. (NOTE: Registered Agent agent are required when remaining) (1000000535) 9	FORT MYERS, FL 33919			IN THIS SPACE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TILE D SRETT, JAY A. SIRET ADDRESS 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919 TILE CRAIG R HERSH SIRET ADDRESS SIRET ADDRESS OTV-ST-2P FORT MYERS, FL 33919 TILE D KINSEY, JR., D. HUGH SIRET ADDRESS STREY ADDRESS GIV-ST-2P FORT MYERS, FL 33919 TILE D KINSEY, JR., D. HUGH SIRET ADDRESS 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919 TILE D KINSEY, JR., D. HUGH SIRET ADDRESS 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919 TILE NAME SIRET ADDRESS 9100 COLLEGE POINTE COURT FORT MYERS, FL 33919 TILE NAME SIRET ADDRESS GIV-ST-2P FORT MYERS, FL 33919 TILE NAME SIRET ADDRESS GIV-ST-2P FORT MYERS, FL 33919	the obligations of registered agent. SIGNATURE								
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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	NAME STREET ADDRESS CITY+ST-ZIP	partifus that the information outsided with this file		the second of th	And the state of t				

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:

TYPED OR ERINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-334-1141