

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L02788

FILED
Mar 28, 2007
Secretary of State

Entity Name: POSESS AND WALSER, P.A.

Current Principal Place of Business:

% CHARLES F. POSESS
7015 BERACASA WAY #201
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

% CHARLES F. POSESS
7015 BERACASA WAY #201
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0148212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSESS, CHARLES F.
7015 BERACASA WAY
SUITE 201
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: POSESS, CHARLES F.,
Address: 7015 BERACASA WAY #201
City-St-Zip: BOCA RATON, FL 33433

Title: DVP () Delete
Name: WALSER, THOMAS C.,
Address: 7015 BERACASA WAY #201
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS C. WALSER

DVP

03/28/2007

Electronic Signature of Signing Officer or Director

_____ Date