2007 FOR PROFIT CORPORATION -**ANNUAL REPORT**

DOCUMENT # L94922

1. Entity Name

J. W. FEYL ACCOUNTING SERVICES, INC.



FILED Mar 14, 2007 08:00 AM **Secretary of State**

Principal Place of Business

14011 MIDDLETON WAY TAMPA, FL 33624

Mailing Address

14011 MIDDLETON WAY TAMPA, FL 33624



03112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3027177

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

FEYL JOHN W

17011 MIDDLETON WAY SUITE 105 TAMPA, FL 33624			IN THIS SPACE		
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 Signature, typoid or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FEYL, JOHN W 14011 MIDDLETON WAY TAMPA, FL 33624				
THILE NAME STREET ADDRESS CITY-SI-ZIP	VS FEYL, LINDA I. 14011 MIDDLETON WAY TAMPA, FL 33624			·	U00000865781 03/23/07-80043-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE

IN THIS SPACE

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:

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

JOHN W. Fey L 3/11/07 (813) 962 4227