


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M87893</b> 1. Entity Name V.L. MCINTYRE AND ASSOCIATES, INC.	
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Principal Place of Business 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312	Mailing Address 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312
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**DO NOT WRITE IN THIS SPACE**



05052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3014393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  MCINTYRE, VERA L. 720 FAIRBANKS FERRY ROAD TALLAHASSEE, FL 32311
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCINTYRE, VERA L. 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYES, SHARICA D 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAYES, KHALILAH Y 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYES, ANDREA P 720 FAIRBANKS FERRY RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HACKLEY, BERNICE 5536 FAIRBANKS ROAD HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/30/07-80059-008 150.00

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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:** Vera McIntyre Vera McIntyre 5/1/07 893-8677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #