2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or trustee er if changed, or on an attachment with an add

SIGNATURE AND TYPED OF

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## **FILED** Apr 16, 2007 08:00 Al Secretary of State RECEIVED JAN 2 5 2007 DOCUMENT # P00000041235 1. Entity Name SHERYL S. ZUST, P.A. Principal Place of Business Mailing Address 1120 BEVILLE RD " 1120 BEVILLE RD DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3640444 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo ZUST, SHERYL S Street Address (P.O. Box Number is Not Acceptable) 1120 BEVILLE RD STE C DAYTONA BEACH FL 32114 City Zıp Code 8. The above named entity submits this statement for the purpose of changing its registered effice 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 r applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE Change Addition ZUST, SHERYL S NAME NAME U000000707180 1120 BEVILLE RD, STE C STREET ADDRESS STREET ADDRESS 04/24/07-80065-005 150.00 DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY - ST-7IP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delele TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7(P CITY-ST-ZIP THLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employered to exempte this seport as joquired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11