

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

09-10-2007 90004 047 \*\*\*150.00

<b>DOCUMENT # P00000042122</b>					
<b>1. Entity Name</b> CECILIA NOVAK, PA					
<b>Principal Place of Business</b> 1761 DELAFIELD DRIVE WINTER GARDEN, FL 34787			<b>Mailing Address</b> 1761 DELAFIELD DRIVE WINTER GARDEN, FL 34787		
<b>2. Principal Place of Business - No P.O. Box #</b> 7193 Wild Strawberry Run		<b>3. Mailing Address</b> 7193 Wild Strawberry Run			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09062007      Chg-P      CR2E034 (12/06)	
<b>City &amp; State</b> Winter Garden		<b>City &amp; State</b> Winter Garden		<b>4. FEI Number</b> 59-3643347	
<b>FL Zip</b> 34787		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  NOVAK, CECILIA 1761 DELAFIELD DRIVE WINTER GARDEN, FL 34787			<b>7. Name and Address of New Registered Agent</b> Name: NOVAK Cecilia Street Address (P.O. Box Number is Not Acceptable): 7193 Wild Strawberry Run City: Winter Garden      FL      Zip Code: 34787		
<b>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.</b>  SIGNATURE:       DATE: 09/06/2007					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> NOVAK, CECILIA		<b>TITLE</b> 	<b>NAME</b> NOVAK Cecilia	
<b>STREET ADDRESS</b> 1761 DELAFIELD DRIVE	<b>CITY-ST-ZIP</b> WINTER GARDEN, FL 34787		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> Winter Garden, FL 34787	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>			09/06/2007 407-709-2342		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		