

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90082 018 ***150.00

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01042007 Chg-P CR2E034 (12/06)

DOCUMENT # P01000001051 1. Entity Name JOHN A. RUDOLPH, JR., P.A.																																																																																																																													
Principal Place of Business 1680 METROPOLITAN CIR. TALLAHASSEE, FL 32308			Mailing Address 1680 METROPOLITAN CIR. TALLAHASSEE, FL 32308																																																																																																																										
2. Principal Place of Business - No P.O. Box # 1621-C Metropolitan Blvd. - 1621-C Metropolitan		3. Mailing Address Suite, Apt. #, etc. Blvd.																																																																																																																											
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 59-3690218																																																																																																																									
Zip 32308		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent RUDOLPH, JOHN A JR 1680 METROPOLITAN CIR. TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1621-C Metropolitan Blvd. City FL Zip Code																																																																																																																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>RUDOLPH, JOHN A JR</td> <td></td> <td>STREET ADDRESS</td> <td>1621-C Metropolitan Blvd.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>1680 METROPOLITAN CIR. TALLAHASSEE, FL 32308</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RUDOLPH, JOHNA J</td> <td></td> <td>NAME</td> <td>1621-C Metropolitan Blvd.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1680 METROPOLITAN CIR.</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TALLAHASSEE, FL 32308</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	RUDOLPH, JOHN A JR		STREET ADDRESS	1621-C Metropolitan Blvd.		CITY - ST - ZIP	1680 METROPOLITAN CIR. TALLAHASSEE, FL 32308		CITY - ST - ZIP			TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RUDOLPH, JOHNA J		NAME	1621-C Metropolitan Blvd.		STREET ADDRESS	1680 METROPOLITAN CIR.		STREET ADDRESS			CITY - ST - ZIP	TALLAHASSEE, FL 32308		CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
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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:			2-2-07 850-523-0062																																																																																																																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																																																																																																										