

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90087 027 ***158.75

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DOCUMENT # P01000014156			
1. Entity Name DAVID M. GAYNES, P.A.			
Principal Place of Business 2736 MISTY OAKS CIRCLE ROYAL PALM BEACH, FL 33411		Mailing Address 2736 MISTY OAKS CIRCLE ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business - No P.O. Box # 4327 SOUTH HIGHWAY #27 SUITE NUMBER 404 CLERMONT, FLORIDA 34711		3. Mailing Address 4327 SOUTH HIGHWAY #27 SUITE NUMBER 404 CLERMONT, FLORIDA 34711	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent GAYNES, DAVID M 2736 MISTY OAKS CIRCLE ROYAL PALM BEACH, 4327 SOUTH HIGHWAY #27 SUITE NUMBER 404 CLERMONT, FLORIDA 34711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <i>David Gaynes</i> DATE: 3/12/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYNES, DAVID M ESQ 4327 S HWY #27 CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>David Gaynes</i>		Date: 3/12/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	