2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Sun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Daytime Phone #

AIIIOALILIOII							•		
DOCUMENT # P01000014156 1. Entity Name DAVID M. GAYNES, P.A.						03-12-2007	90087 02	27 ***15	8.75
Principal Plac	ce of Business]	0.0100					
• •	UVAS CIBUTE	-	Mailing Address 2736 MISTY OAKS CIRCLE		. 40	033198			
DOVAL DALM REACH EL 22411			DOVAL DALM BEACH SL. 2241						
				•	 	II adial ildə bəri bəri b	Sift Paran Ilan ar	 	HIERLIN IEUL
2 Principal F	Place of Business - No P.O. Box #	3. Mailing Address			[
			4327_SOUTH_HIGHWAY #27			II BRIBI IIBN BBUI BBUI B	BIÆ BRIÐI IIÐII ÐI.		ALLEN II IAAK
	OUTH-HIGHWAY #27					- Ot - D	00000		
SUITE NUMBER 404			SUITE NUMBER 404		01302007	- Chg-P-	CRZEU	34 (12/0 6)	
[—] CLERMONT, FLORIDA 34711 [—]		1 TCLERMONT, F	TCLERMONT, FLORIDA 347		4. FEI Numb	er		A	plied For
					65-107	77082		No	ot Applicable
Zip	Country	Zip	Count	гу	5. Certificate of Status Des		ed \$8.75 Additional Fee Required		
	6. Name and Address of Curre	ent Registered Agent	 		7. Name and	d Address of New			-
			Name						
GAYNES, DAVID M				Stroot Address (2.0. Box Alimbor in Not Accompable)					
	P/ OAKO GIRALA 21 M BEACH 4327 SOU ⁻		Street Address (P.O. Box Number is Not Acceptable)						
SUITE NUMBER 404						•			
		IT, FLORIDA 34711	ļ	City	- ····		7in Cod		
	- 1	,		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 Dun Yayre 31617									
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE									
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55	<u> </u>	ribution.	☐ Add	.00 May Be ed to Fees		5)0555	D-D-C-T-O-	
10.	OFFICERS AND DIRECTORS 11			·	ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE	D GAVNES DAVID MESO	☐ Delete	TITLE					☐ Change	Addition
NAME expect annucce	GAYNES, DAVID M ESQ 4327 S HWY #27		NAME						
STREET ADDRESS CITY-S1-ZIP				T ADDRESS ST-ZIP					
	CLERMONT, FL 34711			31-ZIF			-	_	
TITLE		Delete	TITLE]				☐ Change	Addition
NAME			NAME	;					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS					
				ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME American			NAME						
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP					
	r		_	SI-ZIP					
TITLE		☐ Delete	IITLE	1				☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY+ST-ZIP				T ADDRESS					
			CITY-S	SI-ZIP			_		
TITLE		☐ Delete	TITLE	1				Change	DilibbA 🔲
NAME STREET ADORESS			NAME						
STREET ADORESS			1	T ADDRESS					
C1TY+ST-ZIP			City-S	51-4P				_	
TITLE		☐ Delete	TITLE					Change	Addition
NAME CONSET ADDRESS			NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-S						
indicated of the corp	ertify that the information supplied v on this report or supplemental repor poration or the receiver or trustee er or on an attachment with an addres	rt is true and accurate and that n noowered to execute this report	ny signatu as require	rà chall have the s	eama lanal affar	ri se il made under	noth-that La	m an officer	or director
-	`` ۸ ير					<i>I</i> I			