2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90217 045 ***158.75

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1. Entity Name
BEUSSE WOLTER SANKS MORA & MAIRE, P.A.

Principal Place of Business	Mailing Address
390 NORTH ORANGE AVE STE 2500 ORLANDO, FL 32801	390 NORTH ORANGE AVE STE 2500 ORLANDO, FL 32801

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01092007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3708946 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLTER, ROBERT L 390 NORTH ORANGE AVE, STE 2500 ORLANDO, FL 32801	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **$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 MAIRE, DAVID D 1641 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAIRE, DAVID G 1641 EAGLE NEST CIRCLE ~~WINTER SPRINGS, FL 32708~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORA, ENRIQUE J 100 BLACK CHERRY CT WINTER SPRINGS, FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLTER, ROBERT L 838 AKANEDA STREET ~~ORLANDO FL 32804~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SANKS, TERRY M 655 OAK HOLLOW WAY ALTAMONTE SPRINGS, FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEANGELIS, JOHN L 285 HUMKEY STREET, NE PALM KEY FL 32907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLEOD, CHRISTINE G 117 PAL STREET WINDERMERE, FL 34786	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN DYKE, TIMOTHY H 5812 TRINITY LANE ORLANDO FL 32839	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEUSSE, JAMES H 123 LUCKY TRAIL LONGWOOD, FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMANO, FERDINAND M 8080 S TROPICAL TRAIL MERRITT ISLAND FL 32952	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRODERSEN, DANIEL H 13637 FOX GLOVE STREET WINTER GARDEN, FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ TERRY M. SANKS 1/09/07 407-926-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #