2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000070361

1. Entity Name DANIEL L. EBERSOLD, P.A.



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

3505-1 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086 Mailing Address

3505-1 U.S. 1 SOUTH ST. AUGUSTINE, FL 32086



DO NOT WRITE IN THIS SPACE

03132007	No Chg-P	CR2E034 (11/05)		
4 EEI Number			Applied For	

5.	Certificate	of Status	Desired	3
				-

04-3605106

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

EBERSOLD, DANIEL L 3505-1 US 1 SOUTH ST. AUGUSTINE, FL 32080

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	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	oing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	D EBERSOLD, DANIEL L 3505-1 US 1 SOUTH ST AUGUSTINE, FL 32080			U00000745840	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			i		U00000745840 05/16/07-80046-003 150.00
NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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 moon of suppliemental 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 of the received or trusted 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 altachment with an adoless, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRERSOLD

4-27-07-866:2

Daytime Pri