


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90061 047 ***150.00

DOCUMENT # P01000111607			
1. Entity Name ROBERT STANGELAND, P.A.			
Principal Place of Business 4731 BONITA BAY BLVD #503 BONITA SPRINGS, FL 34134		Mailing Address 4731 BONITA BAY BLVD #503 BONITA SPRINGS, FL 34134	
2. Principal Place of Business - No P.O. Box # 4931 Bonita Bay Blvd #104 Suite, Apt. #, etc.		3. Mailing Address 4931 Bonita Bay Blvd #104 Suite, Apt. #, etc.	
City & State Bonita Springs FL Zip 34134 Country		City & State Bonita Springs, FL Zip 34134 Country	
4. FEI Number 01-0578240		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANGELAND, ROBERT 4731 BONITA BAY BLVD #503 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name: STANGELAND, ROBERT Street Address (P.O. Box Number is Not Acceptable): 4931 BONITA BAY BLVD #104 City: BONITA SPRINGS FL Zip Code: 34134	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: STANGELAND, ROBERT STREET ADDRESS: 4731 BONITA BAY BLVD #503 CITY-ST-ZIP: BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	TITLE: D NAME: STANGELAND, ROBERT STREET ADDRESS: 4931 BONITA BAY BLVD #104 CITY-ST-ZIP: BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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: <u>Robert Stangeland</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/29/07 239-947-5223 Date Daytime Phone #	