



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000112115							
1. Entity Name JAMES N. RUDOLPH, P.A.							
Principal Place of Business 4776 NEW BROAD STREET 100 ORLANDO FL 32814		Mailing Address 4776 NEW BROAD STREET 100 ORLANDO FL 32814					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt #, etc.					
City & State		City & State		4. FEI Number 59-3757664 <input type="checkbox"/> Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RUDOLPH, JAMES N 4776 NEW BROAD STREET SUITE 100 ORLANDO FL 32814			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RUDOLPH, JAMES N		NAME	U00000618831			
STREET ADDRESS	4776 NEW BROAD STREET, SUITE 100		STREET ADDRESS	02/08/07-80046-007 150.00			
CITY ST ZIP	ORLANDO FL 32814		CITY ST ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY ST ZIP			CITY ST ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY ST ZIP			CITY ST ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			Date: 1-18-07		Daytime Phone #: 407-596-1931		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							



1st MOORE CR2E034 (10/06)