


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**


03-02-2007 90017 046 \*\*\*150.00

<b>DOCUMENT # P01000120452</b>	
1. Entity Name <b>RUSS BIEBER, P.A.</b>	

Principal Place of Business <b>4625 E BAY DR. STE. 305 CLEARWATER, FL 33764</b>	Mailing Address <b>4625E BAY DR, STE 305 CLEARWATER, FL 33764</b>
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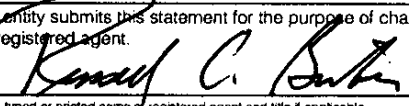
2. Principal Place of Business - No P.O. Box # <b>2699 SEVILLE BLVD.</b>	3. Mailing Address <b>2699 SEVILLE BLVD.</b>
Suite, Apt. #, etc. <b>#105</b>	Suite, Apt. #, etc. <b>#105</b>

City & State <b>CLEARWATER, FL</b>	City & State <b>CLEARWATER, FL</b>
Zip <b>33764</b>	Country <b>USA</b>

	
02252007	Chg-P CR2E034 (12/06)
4. FEI Number <b>59-3761475</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BIEBER, RUSSELL C 4625E BAY DR, STE 305 CLEARWATER, FL 33764</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2699 SEVILLE BLVD. #105</b> City <b>CLEARWATER</b> FL Zip Code <b>33764</b>	

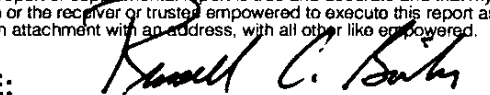
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BIEBER, RUSSELL C 4625E BAY DR, STE 305 CLEARWATER, FL 33764</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT RUSSELL C. BIEBER 2699 SEVILLE BLVD #105 CLEARWATER, FL 33764</b> <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
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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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

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:  DATE **2/25/07** Daytime Phone # **727-723-8181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR