

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


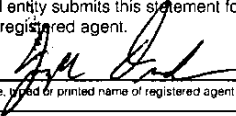
**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90202 004 \*\*\*150.00

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04122007 Chg-P CR2E034 (12/06)

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|--|--|--|---|
| <b>DOCUMENT # P02000055450</b>   |  |   |   |
| 1. Entity Name<br>JOSEPH ONDROVIC, P.A.  |  |  |   |
| Principal Place of Business<br>13147 INGLENOOK COURT<br>FORT MYERS, FL 33919   |  | Mailing Address<br>13147 INGLENOOK COURT<br>FORT MYERS, FL 33919   |   |
| 2. Principal Place of Business - No P.O. Box #<br>14122 KENSINGTON LN  |  | 3. Mailing Address<br>14122 KENSINGTON LN  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State<br>FORT MYERS, FL   |  | City & State<br>FORT MYERS, FL   |   |
| Zip<br>33912   | Country<br>USA   | Zip<br>33912   | Country<br>USA  |
| 4. FEI Number<br>68-0505437  |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>ONDROVIC, JOSEPH<br>13147 INGLENOOK COURT<br>FORT MYERS, FL 33919   |  | 7. Name and Address of New Registered Agent<br>Name: JOSEPH ONDROVIC<br>Street Address (P.O. Box Number is Not Acceptable): 14122 KENSINGTON LANE<br>City: FORT MYERS FL Zip Code: 33912 |   |
| 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.<br>SIGNATURE:  DATE: 4-13-07<br><small>Signature, printed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |  |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input checked="" type="checkbox"/>                                      |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ONDROVIC, JOSEPH<br>13147 INGLENOOK COURT<br>FORT MYERS, FL 33919 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ONDROVIC, JOSEPH<br>14122 KENSINGTON LN<br>x FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: x 

4-13-07 239-980-3095