

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000058853**

1. Entity Name  
**MICHAEL P. VANYO, PA**



Principal Place of Business  
**471 N YONGE ST  
ORMOND BEACH, FL 32174**

Mailing Address  
**1515 RIDGEWOOD AVE  
SUITE A  
HOLLY HILL, FL 32117**



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-1620252</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**LOGUIDICE, JOSEPH A  
1515 RIDGEWOOD AVENUE  
A  
HOLLY HILL, FL 32117**

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	VANYO, MICHAEL P
STREET ADDRESS	471 N YONGE ST
CITY-ST-ZIP	ORMOND BEACH, FL 32174

TITLE	
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CITY-ST-ZIP	

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**DO NOT WRITE  
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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: Michael P. Vanyo **Michael P. Vanyo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07  
Date

(386) 527-5631  
Daytime Phone #