

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90281 042 \*\*\*150.00

<b>DOCUMENT # P02000068558</b>			
<b>1. Entity Name</b> GARY S. RESETAR, CPA, P.A.			
<b>Principal Place of Business</b> 1800 PEMBROOK DR., STE. 300 ORLANDO, FL 32810		<b>Mailing Address</b> 1800 PEMBROOK DR., STE. 300 ORLANDO, FL 32810	
<b>2. Principal Place of Business - No P.O. Box #</b> 1950 LEE ROAD Suite, Apt. #, etc. 112		<b>3. Mailing Address</b> 1950 LEE ROAD Suite, Apt. #, etc. 112	
<b>City &amp; State</b> WINTER PARK FL Zip <del>32789</del> Country USA		<b>City &amp; State</b> WINTER PARK, FL Zip 32789 Country USA	
<b>4. FEI Number</b> 01-0724699		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RESETAR, GARY S 1800 PEMBROOK DR., STE. 300 ORLANDO, FL 32810		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1950 LEE ROAD SUITE 112 City WINTER PARK FL Zip Code 32789	
<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.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (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>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD RESETAR, GARY S 1800 PEMBROOK DR., STE. 300 ORLANDO, FL 32810	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1950 LEE ROAD SUITE 112 WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b>		4/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	