


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90087 032 ***150.00

DOCUMENT # P02000074508	
1. Entity Name MEADOR & VIGODSKY, P.A.	

Principal Place of Business 17 WEST GOVERNMENT STREET SUITE C PENSACOLA, FL 32502	Mailing Address PO BOX 1620 PENSACOLA, FL 32591
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 1670
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pensacola, FL	City & State Pensacola, FL
Zip 32591	Country USA

07112007 Chg-P CR2E034 (12/06)

4. FEI Number 03-0473735	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIGODSKY, CRAIG A 17 WEST GOVERNMENT STREET SUITE C PENSACOLA, FL 32502	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEADOR, ANN E 17 WEST GOVERNMENT STREET, SUITE C PENSACOLA, FL 32502 <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	D VIGODSKY, CRAIG A 17 WEST GOVERNMENT STREET, SUITE C PENSACOLA, FL 32502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/07 **8:50/465**
9811

ANN E. MEADOR
Attorney at Law

CRAIG A. VIGODSKY
Attorney at Law



July 11, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: TIN: 03-0473735
Document #P02000074508

Dear Sir/Madam:

We are requesting an abatement of the penalty that has been assessed on our account for failure to pay timely our annual corporate filing fee. The original notice was never received by our office, and as such, was not paid. In the past, we have always received our notices even though the mailing address shown on the report is incorrect. Please note also that we have until this year always paid our fee timely. I am enclosing our Annual Report with the correct address noted and our check for \$150.00. If our request is denied, we will mail an additional payment.

We have always and will continue to abide by the regulations set forth by the State of Florida, and would appreciate your consideration in this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Craig A. Vigodsky', written in a cursive style.

Craig A. Vigodsky