## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000074605**

1. Entity Name
JANET NELSON, P.A.



Principal Place of Business

10500 COUNTY ROAD 13 NORTH, LOT M ST. AUGUSTINE, FL 32092 Mailing Address

10500 COUNTY ROAD 13 NORTH, LOT M ST. AUGUSTINE, FL 32092 FILED Apr 24, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

04222007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

NELSON, JANET 10500 COUNTY ROAD 13 NORTH, LOT M ST. AUGUSTINE, FL 32092 DO NOT WRITE IN THIS SPACE

No Chg-P

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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 trie if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  OATE					
Signature, typed or printed name or registered agent and time is applicable (NOTE: Registered Agent signistions required when remaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		/lay Be Fees	
10.	OFFICERS AND DIRECTORS				
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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 attack hant with an address/with alkother like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

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