


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90008 014 ***150.00

DOCUMENT # P02000134784 1. Entity Name JACK LUND, D.O., P.A.	
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Principal Place of Business 6545 RIDGE RD., #1 PORT RICHEY, FL 34668	Mailing Address 6545 RIDGE RD., #1 PORT RICHEY, FL 34668
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DO NOT WRITE IN THIS SPACE

40113806



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2089583	Applied For 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

LUND, JACK
6545 RIDGE RD., #1
PORT RICHEY, FL 34668

**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 re-registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUND, JACK 6545 RIDGE RD., #1 PORT RICHEY, FL 34668
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IN THIS SPACE**

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: 	727 P 2-12-07 843 8638
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>