## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000060799

1. Entity Name

JOSEPH C. STAYANOFF, P.A.



Principal Place of Business

Mailing Address

1601 WINTER GREEN BLVD WINTER PARK, FL 32792 US 1601 WINTER GREEN BLVD WINTER PARK, FL 32792 US FILED Apr 27, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

04232007 NO Chg-F		CR2E034 (11/05)			
4. FEI Number				Applied For	
16-1669791				Not Applicable	
5. Certificate of State	us Desired		\$8.75 Additional Fee Required		

Name and Address of Current Registered Agent

STAYANOFF, JOSEPH C 1601 WINTER GREEN BLVD WINTER PARK, FL 32792

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4-23-2007

407-325-3827

8. The above the obligat	named entity submits this statement for the cions of registered second	ourpose of changing its registered	l office or r	egistered agent, or bot	h, in the State of Florida I am familiar with, and accept	
SIGNATURE_	Signature, God or priphog name of registered agent and title	SEPH C STAYANG		required when remails(ing)	4-23-2007	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS .				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D STAYANOFF, JOSEPH C 1601 WINTER GREEN BLVD WINTER PARK, FL 32792				Honocorronno.	
TITLE NAME STREET ADDRESS CHY-ST-ZIP					000000739682 05/14/07-80037-005 150.00	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP					·	
12. I hereby certify that the information supplied with this tripp 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 the 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 employees 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 af other like empowered.						

HATED MAKE OF SIGNING OFFICER OR DIRECTOR