## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT FILED** Jan 26, 2007 08:00 AM **DOCUMENT # P03000080468 Secretary of State** 1. Entity Name PAUL N. ERGON P.A. Principal Place of Business Mailing Address 777 S FEDERAL HWY 777 S FEDERAL HWY FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-0357958 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ERGON, PAUL 777 S FEDERAL HWY FT LAUDERDALE, FL 33316 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ERGON, PAUL NAME STREET ADDRESS 777 S FEDERAL HWY CITY-ST-ZIP FT LAUDERDALE, FL 33316 TITLE 000000605057 01/30/07-80020-023 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 electric their like empowered.

SIGNATURE: 2

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR