


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90388 014 ***150.00

DOCUMENT # P03000086592	
1. Entity Name JAMES R. ELLERTSEN, PA	

Principal Place of Business 7 SANDPIPER CT. PALM COAST, FL 32137	Mailing Address 19 CUNNINGHAM LANE PALM COAST, FL 32137
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40087463



2. Principal Place of Business - No P.O. Box # 2 North Village Pkwy Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04182007 Chg-P CR2E034 (12/06)

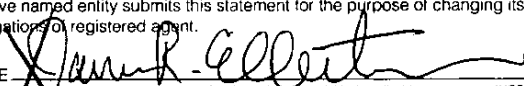
City & State Palm Coast FL	City & State
Zip 32137	Country USA

4. FEI Number 37-1467718	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 ELLERTSEN, JAMES R 19 CUNNINGHAM LANE PALM COAST, FL 32137	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code


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 	DATE 4-18-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME ELLERTSEN, JAMES R	
STREET ADDRESS 19 CUNNINGHAM LANE	
CITY-ST-ZIP PALM COAST, FL 32137	
TITLE VPS	<input type="checkbox"/> Delete
NAME ELLERTSEN, DIANE C	
STREET ADDRESS 19 CUNNINGHAM LANE	
CITY-ST-ZIP PALM COAST, FL 32137	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: 	DATE: 4-17-07	DAYTIME PHONE: 386-446-4128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Diane C. Ellertsen		