


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90072 026 \*\*\*150.00

<b>DOCUMENT # P04000008621</b>	
1. Entity Name <b>SYLVESTER JENNINGS, P.A.</b>	

40107475



Principal Place of Business <b>712 TUTEN TRAIL ORLANDO, FL 32828</b>	Mailing Address <b>712 TUTEN TRAIL ORLANDO, FL 32828</b>
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2. Principal Place of Business - No P.O. Box # <b>2444 Broken Elm Pl</b>	3. Mailing Address <b>2444 Broken Elm Pl</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05032007 Chg-P CR2E034 (12/06)

City & State <b>Oviedo, FL</b>	City & State <b>Oviedo, FL</b>
Zip <b>32766</b>	Country <b>Seminole</b>

4. FEI Number <b>20-0524555</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>JENNINGS, SYLVESTER JR. 712 TUTEN TRAIL ORLANDO, FL 32828</b>	
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7. Name and Address of New Registered Agent Name <b>Sylvester Jennings Jr</b> Street Address (P.O. Box Number is Not Acceptable) <b>2444 Broken Elm Place</b> City <b>Oviedo</b> FL <b>32766</b>	
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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 <b>Sylvester Jennings Jr.</b>	DATE <b>5/3/07</b>

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST JENNINGS, SYLVESTER JR. 712 TUTEN TRAIL ORLANDO, FL 32828</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST Jennings, Sylvester Jr 2444 Broken Elm Place Oviedo, FL 32766</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JENNINGS, SYLVESTER JR. 712 TUTEN TRAIL ORLANDO, FL 32828</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jennings, Sylvester Jr 2444 Broken Elm Place Oviedo, FL 32766</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **Sylvester Jennings Jr.** **5/3/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**Sylvester Jennings Jr.**