


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90840 028 ***150.00

DOCUMENT # P04000012146					
1. Entity Name IOAN C. COLOMPAR, INC.					
Principal Place of Business 411 SKATE RD ATLANTIC BEACH, FL 32233		Mailing Address 411 SKATE RD ATLANTIC BEACH, FL 32233		4000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04252007 Chg-P CR2E034 (12/06)	
Suite, Apt. # etc		Suite, Apt. # etc		4. FEI Number 83-0381114	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Presired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLOMPAR, IOAN C 411 SKATE RD ATLANTIC BEACH, FL 32233				Name: Street Address (P.O. Box Number is Not Acceptable): City: FL 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 _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLOMPAR, IOAN C		NAME		
STREET ADDRESS	411 SKATE RD		STREET ADDRESS		
CITY- ST- ZIP	ATLANTIC BEACH, FL 32233		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for any 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: <i>Ioan C. Colompar</i>		4-28-07		904-881-0772	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		TELEPHONE NUMBER	