## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 08:00 A Secretary of State

	MENT # P040000403	325				·	
1. Entity Nam F. WALL	<sup>96</sup> ACE POPE, JR., P.A.			:			
Principal Plac	e of Business	Mailing Address		1			
911 CHESTN CLEARWATEI	iut street R, FL 33756	911 CHESTNUT STREET CLEARWATER, FL 33756					
1			2"				
_				03072007	No Chg-P	CR2E034 (11/05)	
, , <b>C</b>	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 20-08178	Not Appl	Applied For Not Applicable	
	one of the second second			5. Certificate of	Status Desired	S8.75 Additional Fee Required	1
	6. Name and Address of Current Re	egistered Agent	[	,	14.		·
911 CHES	WALLACE JR STNUT STREET		, ,		NOT WI	•	31.
CLEARWA	ATER, FL 33756	•		IN T	HIS SP	ACE	
			;	· · · · · · · · · · · · · · · · · · ·			35.
	named entity submits this statement for t tions of registered agent.	he purpose of changing its register	ed office or register	red agent, or both,	in the State of Flor	ida. I am familiar with, and ac	ccept
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Registere	d Agent signature required	when reinstating)		DATE	-
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS		ż		2 2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD POPE, F. WALLACE 911 CHESTNUT STREET CLEARWATER, FL 33756		:				
TITLE NAME			<b>1</b>	, 13, 4, 4		000736882 / 5 07-80005-021 15	50. NO
STREET ADDRESS CITY-ST-ZIP					00, 11,		
title Name				** * '			2 4 5
STREET ADORESS CITY+ST-ZIP				DO N	NOT W	RITE	
TITLE NAME				IN T	HIS SP	ACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE NAME			* ,	, in the second			
Street address City-St-Zip					. 1		
TITLE NAME			1	•			
STREET ADDRESS City-St-Zip				* *			
12. I hereby o	certify that the information supplied with the	nis filling does not qualify for the exe	emptions contained	Lin Chanter 119 F	Inrida Statutes I fi	uther certify that the informat	tion
of the cor	certify that the information supplied with the on this report or supplemental reports to poration or the receiver of trustee empow or on an attachment with an address, wit	ered to execute this report as requi	ture shall have the s red by Chapter 607	same legal effect a Florida Statutes:	s if made under oa and that my name	ith; that I am an officer or dire appears in Block 10 or Block	ctor 11 if