

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P04000088332

1. Entity Name
JEFFREY LINEAL MAPLES, P.A.



Principal Place of Business
**112 SPARKLEBERRY LANE
FREEPORT, FL 32439**

Mailing Address
**112 SPARKLEBERRY LANE
FREEPORT, FL 32439**

DO NOT WRITE IN THIS SPACE



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1226238	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MAPLES, JEFFREY L
112 SPARKLEBERRY LANE
FREEPORT, FL 32439**

**DO NOT WRITE
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) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAPLES, JEFFREY L 112 SPARKLEBERRY LANE FREEPORT, FL 32439
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IN THIS SPACE**

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:

Jeff Maples
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 850-376-8789
Date Daytime Phone #