


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90417 004 ***150.00

DOCUMENT # P04000124644 1. Entity Name VALERIE D. TORNELLO, P.A.		
Principal Place of Business 4330 BAY ST NE ST PETERSBURG, FL 33703		Mailing Address 4330 BAY ST NE ST PETERSBURG, FL 33703
2. Principal Place of Business - No P.O. Box # 1 - Jefferson Pkwy Suite, Apt. #, etc. Apt #67	3. Mailing Address 1 - Jefferson Pkwy Suite, Apt. #, etc. Apt #67	
City & State Lake Oswego, OR Zip 97035	Country USA	City & State Lake Oswego, OR Zip 97035
4. FEI Number 20-1387554		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TORNELLO, VALERIE D 4330 BAY ST NE ST PETERSBURG, FL 33703		7. Name and Address of New Registered Agent Name VALERIE D. Tornello Street Address (P.O. Box Number is Not Acceptable) 550 1st AV. S. Apt 1404 City St. Petersburg FL Zip Code 33701
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: <u>Valerie Tornello</u> VALERIE TORNELLO 4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
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 NAME STREET ADDRESS CITY-ST-ZIP	D BORYGENS, VALERIE D 4330 BAY ST NE ST PETERSBURG, FL 33703	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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.		
SIGNATURE: <u>Valerie Tornello</u> VALERIE TORNELLO		Date: <u>4/23/07</u> Daytime Phone #: <u>727-773-6776</u>

40003410



04092007 Chg-P CR2E034 (12/06)