2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000128667

1. Entity Name
MELISSA GUNLOCK, P.A.

Principal Place of Business	Mailing Address
6861 MAUNA LOA BLVD SARASOTA, FL 34241 US	P.O. BOX 1460 NOKOMIS, FL 34274-1460 US

DO NOT WRITE IN THIS SPACE

04232007   No Chg-P   CR2E034 (11/05)

4. FEI Number 20-1603371	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

GUNLOCK, MELISSA
6861 MAUNA LOA BLVD
SARASOTA, FL 34241

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

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	GUNLOCK, MELISSA
STREET ADDRESS	6861 MAUNA LOA BLVD
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80058-011 150.00

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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: *Melissa Gunlock*   4-24-07   (941)379-6655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #