

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90090 049 \*\*\*150.00

DOCUMENT # P05000050710

1. Entity Name

THEREASA L. HUNNEWELL, P.A.



Principal Place of Business  
353 E. FORSYTH STREET  
JACKSONVILLE FL 32202  
US

Mailing Address  
353 E. FORSYTH STREET  
JACKSONVILLE FL 32202  
US



2. Principal Place of Business - No P.O. Box #

301 North Liberty Street  
Suite, Apt. #, etc.

3. Mailing Address

301 North Liberty Street  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number 20-2567172

Applied For  
Not Applicable

Zip  
32202

Country  
USA

Zip  
32202

Country  
USA

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

6. Name and Address of Current Registered Agent

KELLY, TIMOTHY P ESQ.  
1016 LASALLE STREET  
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

*Thereasa L. Hunnewell*

2/27/07

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME HUNNEWELL, THEREASA L. ☒ Delete  
STREET ADDRESS 353 EAST FORSYTH STREET  
CITY - ST - ZIP JACKSONVILLE FL 32202

TITLE PS  
NAME Hunnewell, Thereasa L. ☐ Delete  
STREET ADDRESS 301 North Liberty St.  
CITY - ST - ZIP Jacksonville, FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*T. Hunnewell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07 (904) 633-9260

Date

Daytime Phone #