2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED May 04, 2007 08:00 AM Secretary of State

DOCUMENT	# P(J50000°	77077
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1. Entity Name

TOMIKA SPIRES-HANSSEN, P.A.



Principal Place of Business

INVERNESS, FL 34452

6715 E FALCON REST LANE

Mailing Address

6715 E FALCON REST LANE INVERNESS, FL 34452



04192007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-2931520

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIRES-HANSSEN, TOMIKA 6715 E FALCON REST LANE INVERNESS, FL 34452			DO NOT WRITE IN THIS SPACE		
the obliga	tions of registered agent.	Durpose of changing its registere	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature typed or printed name of registered agent and title	if applicable (NOTE: Registered	Agent signature required when reinstaring)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.	cing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPIRES-HANSSEN, TOMIKA 6715 E FALCON REST LANE INVERNESS, FL 34452				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000761124 05/25/07-80043-010 150.00	
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NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 suppliemental 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 trusted 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 providess, with another life empowered.

SIGNATURE:

CITY-SI-ZIP

Daytime Phone #