2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

ANNUAL REPORT					_ Apr 30, 2007 08:00		
1. Entity Nar	MENT # P05000090 C. MONSOUR, P.A.	711			Se	cretary of Sta	
Principal Plat 5241 DON I ELKTON, FL		Mailing Address 5241 DON MANUEL RD ELKTON, FL 32033		 	111h 1411 1414 1411 1614 16		
	OO NOT WRITE	CE	03132007 No Chg-P CR2E034 (11/05) 4. FEI Number				
	6. Name and Address of Current R R, JANET K I MANUEL RD FL 32033	DO NOT WRITE IN THIS SPACE					
8. The above the obligation	named entity submits this statement for titions of registered agent.	ne purpose of changing its registere	ad office or registere	ed agent, or both	n, in the State of Florida	. I am familiar with, and accept	
SIĞNATURE.	Signalure, typed or printed name of registered egent and	title if applicable. (NOTE: Registered	d Agent signature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	f -				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MONSOUR, JANET K 5241 DON MANUEL RD ELKTON, FL 32033						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00000 05/16/07	0744823 -80004-012 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WR	ITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME	•		1			}	

12. I nereby 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 agdress, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904) 657-9366