2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000134019

1. Entity Name

PROFILES, INC. OF LEESBURG



FILED
Jan 18, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

4317 SERENE CIRCLE FRUITLAND PARK, FL 34731 4317 SERENE CIRCLE FRUITLAND PARK, FL 34731



01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3570467 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HOFFMAN, MARY JO 4317 SERENE CIRCLE FRUITLAND PARK, FL 34731

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registered	office or r	egistered 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	f applicable (NOTE: Registered A	gent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financia Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			U00000590613 01/18/07-80063-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFMAN, MARY JO 4317 SERENE CIRCLE FRUITLAND PARK, FL 34731		01\18\A\-200P3-AI2 120.00		
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

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: 4

STREET ADDRESS CITY-ST-ZIP

May & Maffe

Mary Jo HOFFMAN

1/15/0

352-728-6060