


page 1 of 2

[Redacted]

105000138867

200Z FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000138867			
1. Entity Name YVONNE GEDDIE, P.A.			
Principal Place of Business 412 RIVER BIRCH LANE GREEN COVE SPRINGS, FL 32043 US		Mailing Address PO BOX 41285 JACKSONVILLE, FL 32203--128 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04202007		Chg-P CR2E034 (12/06)	
4. FEI Number 203592634		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SMALL BUSINESS ASSOCIATES, INC. 4070 HERSCHEL STREET SUITE 1 JACKSONVILLE, FL 32210		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEDDIE, YVONNE E 412 RIVER BIRCH LANE GREEN COVE SPRINGS, FL 32043 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <u>Yvonne E Geddie</u> YVONNE EGEDDIE		Date <u>4-25-07</u> 904-529-8929	

FILED
07 MAY 10 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/03/07 96451 66011781



04202007 Chg-P CR2E034 (12/06)

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B. S. / 10/10

SIGNATURE Yvonne E Geddie YVONNE EGEDDIE Date 4-25-07 904-529-8929

ATTACHMENT

6601781
#P05000138867

Reminder -
Attn: Kathy Ashton
Please use overpayment
from 2006 for
Amt due in 2007.