

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90069 001 ***150.00

DOCUMENT # P06000022689

1. Entity Name
JAMES D. KISIO, P.A.



Principal Place of Business
**7317 FORESTWOOD COURT
ORLANDO, FL 32835 US**

Mailing Address
**7317 FORESTWOOD COURT
ORLANDO, FL 32835 US**

40013400



2. Principal Place of Business - No P.O. Box #
284 Park Avenue North
Suite, Apt. #, etc.
Suite C

3. Mailing Address
284 Park Avenue North
Suite, Apt. #, etc.
Suite C

02092007 Chg-P CR2E034 (12/06)

City & State
Winter Park, FL
Zip
32789 Country
Orange

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Winter Park, FL
Zip
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Orange

4. FEI Number
20-4353740 Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KISIO, JAMES D.
7317 FORESTWOOD COURT
ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

Name
JAMES D. Kisio
Street Address (P.O. Box Number is Not Acceptable)
284 Park Avenue North
Suite C
City
Winter Park, FL Zip Code
32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JAMES D KISIO

2/9/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
KISIO, JAMES D
7317 FORESTWOOD COURT
ORLANDO, FL 32835** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**James D. Kisio
284 Park Ave North, Suite C
Winter Park, FL 32789** ☒ Change ☐ Addition

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

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☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07
Date

407/843-5840
Daytime Phone #