


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90061 002 \*\*\*150.00

<b>DOCUMENT # P06000025242</b>			
1. Entity Name <b>JAMES FRANK PRICE ARCHITECT INC.</b>			
Principal Place of Business <b>2072 EAGLES REST DRIVE APOPKA, FL 32712</b>		Mailing Address <b>2072 EAGLES REST DRIVE APOPKA, FL 32712</b>	
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PRICE, JAMES 2072 EAGLES REST DRIVE APOPKA, FL 32712</b>		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, JAMES 2072 EAGLES REST DRIVE APOPKA, FL 32712 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>James F. Price</i>		July 6, 2007 (407 8801143)	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
<b>JAMES F. PRICE</b>		CELL phone: 321 436 2194	

6604111-



07052007 Chg-P CR2E034 (12/06)

4. FEI Number **56-256 0039** Applied For Not Applicable

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

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P05000167021**



1. Entity Name  
**GHISLAINE PAULTRE CRNA, P.A.**

Principal Place of Business  
**6340 SW 84TH STREET  
MIAMI, FL 33143**

Mailing Address  
**6340 SW 84TH STREET  
MIAMI, FL 33143**

ATTACHMENT

66021173

2. Principal Place of Business - No P.O. Box #  
**8020 NW 187 TERR**

3. Mailing Address  
Suite, Apt. #, etc.  
**8020 NW 187 TERR**

06132007 Chg-P CR2E034 (12/06)

City & State  
**MIAMI LAKES FL**  
Zip  
**33015**  
Country  
**MIAMI DADE**

City & State  
**MIAMI LAKES FL**  
Zip  
**33015**  
Country  
**MIAMI DADE**

4. FEI Number  
**204022801** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**PAULTRE, GHISLAINE  
6340 SW 84 STREET  
MIAMI, FL 33143**

7. Name and Address of New Registered Agent  
Name  
**GHISLAINE PAULTRE**  
Street Address (P.O. Box Number is Not Acceptable)  
**8020 NW 187 TERR**  
City  
**MIAMI LAKES FL** Zip Code  
**33015**

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 *Ghislaine Paultre* **GHISLAINE PAULTRE CRNA-PA** **6/29/07**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	PAULTRE, GHISLAINE	
STREET ADDRESS	6340 SW 84 STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PAULTRE GHISLAINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULTRE GHISLAINE	
STREET ADDRESS	8020 NW 187 TERR	
CITY-ST-ZIP	MIAMI LAKES FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 officers empowered.

SIGNATURE: *Ghislaine Paultre* **GHISLAINE PAULTRE** **6-29-07** **(305) 302-2893**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
66021173  
~~# P05000167021~~

PLEASE NOTE CHANGE OF ADDRESS;

GAILSLAINE PAULTRE CRNA-PA  
~~4507 SANGRE TRAIL  
MABLETON GA 30126~~  
\* 8020 NW 187 TERR  
MIAMI LAKES FL 33015

I received this mail less than 2 wks ago  
Please take that in consideration - I'm  
sending it back to you ASAP.

Thanks

G. Paultre