2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2007 8:00 am
Secretary of State
06-28-2007 90002 001 ***550.00

66020389

DOCUMENT # P06000037544

1. Entity Name

JILL E. MESSANA, P.A.

Principal Place of Business	Mailing Address
518 U.S. 27 SOUTH LAKE PLACID FL 33852 US	1102 WILDFLOWER STREET LAKE PLACID FL 33852 US

2nd MOORE CR2E034 (4/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		63 COLE DANLEY DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: LAKE PLACID, FL	
Zip	Country	Zip: 33852	Country: USA

4. FEI Number: 20-4533090 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MESSANA, JILL E 1102 WILDFLOWER STREET LAKE PLACID FL 33852	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 Jill Messana DATE 6/22/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PSTD MESSANA, JILL E 1102 WILDFLOWER STREET LAKE PLACID FL 33852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Jill Messana 6/22/07 8634654158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #