## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



**FILED** May 14, 2007 8:00 am Secretary of State

DOCUMENT # P06000083262  1. Enlity Name MARK L. TEVEBAUGH, P.A.								05-14-2007	7 90093	028 ***15	50.00	
2020 HWY. A	e of Business A1A, SUITE 108 BOUR BCH, FL 32937	202	Mailing Address 2020 HWY, A1A, SUITE 108 INDIAN HARBOUR BCH, FL 32937								<b>                                    </b>	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address				7						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				0416	32007	Chg-P	CR2E	034 (12/06)		
City & State	е	City & State				4. FE	I Number <b>20 -</b>	- 510116	7		plied For ot Applicable	
Zip	Country	Zip		Count	try	5. Ce	rtificate of	Status Desired		\$8.75 Add Fee Required		
	7. Name and Address of New Registered Agent											
TEVEBAUGH, MARK L					Name -							
2020 HWY	'. A1A, SUITE 108 ARBOUR BCH, FL 32937				Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
					City		<del></del>		FI	Zip Code	e	
8. The above the obligat	named entity submits this statement flions of registered agent.	or the pur	pose of changing its r	registere	ed office or reg	gistered agen	it, or both,	in the State of Flo	orida. Lam	familiar with,	and accept	
SIGNATURE_												
	Signature, typed or orinted name of registered agen	ii and title if ap	plicable. (NOTE:	: Registerer	d Agent signature re	equired when rains	stating)		DATE.			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	.00	9. Election Campaig Trust Fund Contri		ncing	\$5.00 Mar Added to Fe	y Be es				:	
10. OFFICERS AND DIRECTORS						ADD	ITIONS/CE	HANGES TO OFF	ICERS AN	D DIRECTORS	3 (N 11	
TITLE	D		☐ Delete	TITLE	:					☐ Change	Addition	
NAME STREET ADDRESS	TEVEBAUGH, DEBORAH A			NAME	1							
CITY-ST-ZIP	2020 HWY, A1A, SUITE 108 INDIAN HARBOUR BCH, FL 32	2937			-ST-ZIP							
TITLE	D		☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS	TEVEBAUGH, MARK L 2020 HWY. A1A, SUITE 108	NAME 2104	ET ADDRESS									
CITY-ST-ZIP	INDIAN HARBOUR BCH, FL 32	2937		•	-ST-ZIP							
TITLE		-	☐ Delete	TITLE						☐ Change	Addition	
NAME				NAM	_							
STREET ADDRESS CITY - ST - ZIP					E1 ADDRESS -ST-ZIP							
TITLE		<u></u>	☐ Delete	THILE		<del></del>				☐ Change	Addition	
NAME				NAME								
STREET ADDRESS CITY-ST-ZIP					ET ADORESS							
TITLE	, -i		☐ Delete	TITLE	-ST-ZIP					☐ Change	☐ Addition	
NAME	-		□ Delete	NAME						L Grange	☐ Abouton	
STREET ADDRESS				STRE	ET ADDRESS							
CITY-\$1-ZIP				CIIY	-ST-ZIP							
TITLE			☐ Delete	THUE						☐ Change	Addition	
NAME STREET ADDRESS			•	NAME STREE	ET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 eath; 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 thef like empowered.

CITY-ST-ZIP

SIGNATURE: \_

CITY-ST-ZIP

EDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR