


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

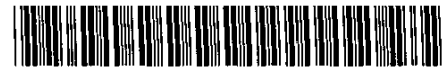
FILED

**Feb 23, 2007 8:00 am
Secretary of State**

02-23-2007 90041 034 ***150.00

DOCUMENT # P06000098993	
1. Entity Name JOHN H. MCELYEA, P.A.	

Principal Place of Business 100 EAST FAITH TERRACE MAITLAND FL 32794 (see below/change)	Mailing Address 100 EAST FAITH TERRACE MAITLAND FL 32794 (see below/change)
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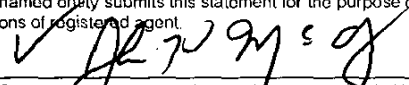


2. Principal Place of Business - No P.O. Box # 1800 Pembroke Drive Suite, Apt. #, etc. Suite 300 City & State Orlando Florida Zip 32810 Country Orange	3. Mailing Address 1800 Pembroke Drive Suite, Apt. #, etc. Suite 300 City & State Orlando, Florida Zip 32810 Country Orange
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1st MOORE CR2E034 (10/06)

4. FEI Number 51-0594357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCELYEA, JOHN H 100 EAST FAITH TERRACE MAITLAND FL 32794	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1800 Pembroke Drive Suite 300 City Orlando FL Zip Code 32810	

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.

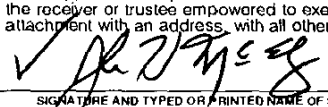
SIGNATURE  DATE 2/14/07

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

FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCELYEA, JOHN H 100 EAST FAITH TERRACE MAITLAND FL 32794 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 Pembroke Drive, Suite 300 Orlando, Florida 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 Section 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:  DATE 2/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR