


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

07-21-2008 90029 012 ***150.00
05-09-2008 90006 012 ***150.00

DOCUMENT # P07000058937 1. Entity Name GREG VAN WYE & ASSOCIATES, INC.					
Principal Place of Business 2170 W. STATE RD. 434, SUITE 314 LONGWOOD, FL 32779			Mailing Address 2170 W. STATE RD. 434, SUITE 314 LONGWOOD, FL 32779		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 26-0770557	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WYE, GREG V 2170 W. STATE RD. 434, SUITE 314 LONGWOOD, FL 32779			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D WYE, GREG V <input type="checkbox"/> Delete 2170 W. STATE RD. 434, SUITE 314 LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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 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 the empowered					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7-15-08 Daytime Phone # 407-261-1144		

66015872



07102008 Chg-P CR2E034 (12/06)

ATTACHMENT

66015872

Greg Van Wye & Associates
2170 W. State Rd. 434
Suite 314
Longwood, FL 32779
407-261-1666

July 16, 2008

To Whom It May Concern:

I have received a notice regarding the 2008 For Profit Corporation Annual Report on July 14, 2008. I did not receive a letter before this. I have included document

P07000058937 with a check for \$150.00 as well. Please abate any penalties that have been added.

Sincerely,

Greg Van Wye