


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90097 023 ***150.00

DOCUMENT # P93000031412	
1. Entity Name METHODS, INC.	

Principal Place of Business 5401 W KENNEDY BLVD 707 TAMPA, FL 33609 US	Mailing Address 5401 W KENNEDY BLVD 707 TAMPA, FL 33609 US
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2. Principal Place of Business - No P.O. Box # 4809 Culbreath Isles Way	3. Mailing Address 4809 Culbreath Isles Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tampa, FL	City & State Tampa, FL
Zip 33629-4846	Zip 33629-4846
Country USA	Country USA

60009404



01232007 Chg-P CR2E034 (12/06)

4. FEI Number 06-1301363		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 CHESTNUT, ROBIN 5401 W KENNEDY BLVD 707 TAMPA, FL 33609		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	P CHESTNUT, ROBERT 4919 MEMORIAL HIGHWAY TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4809 Culbreath Isles Way Tampa, FL 33629-4846
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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: *Robert W. Chestnut* Date: 1/23/07 (813) 286-6577