2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P93000043229

Entity Name: THOMAS HOWELL FERGUSON P.A.

Current Principal Place of Business:

2120 KILLARNEY WAY
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2120 KILLARNEY WAY
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3186310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, WINSTON K
2120 KILLARNEY WAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	THOMAS, JOHN P	
Address:	7020 MCBRIDE POINT	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	PTMD	( ) Delete
Name:	HOWELL, WINSTON K	
Address:	8004 EVENING STAR LANE	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	VD	( ) Delete
Name:	FERGUSON, WILLIAM A	
Address:	3028 LIVINGSTON RD	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	SD	( ) Delete
Name:	GRAY, JAMES A	
Address:	7905 MCCLURE CT.	
City-St-Zip:	TALLAHASSEE, FL 32312	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON K. HOWELL MD 04/11/2007

Electronic Signature of Signing Officer or Director — Date