## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT** FILED Feb 18, 2008 08:00 AN Secretary of State DOCUMENT # P93000085031 1. Entity Name MATT E. DANNHEISSER, P.A. Mailing Address Principal Place of Business **504 NORTH BAYLEN STREET 504 NORTH BAYLEN STREET** PENSACOLA, FL 32501 PENSACOLA, FL 32501 02132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3232097 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DANNHEISSER, MATT E **504 NORTH BAYLEN STREET** PENSACOLA, FL. 32501 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **DPST** TITLE DANNHEISSER, MATT E STREET ADDRESS 504 NORTH BAYLEN ST. CITY-SI-ZIP PENSACOLA, FL 32501 THEF U00000830373 02/26/08-80081-008 150.00 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 of 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:

CITY-ST-ZIP

DE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Canheisser 2-15-08 (851) 434-7