


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90083 040 ***150.00

DOCUMENT # P93000087450					
1. Entity Name AVERETT, WARMUS, DURKEE, BAUDER & THOMPSON, P.A.					
Principal Place of Business 1417 EAST CONCORD ST. ORLANDO, FL 32803			Mailing Address 1417 EAST CONCORD ST. ORLANDO, FL 32803		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3214308	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARMUS, JAMES W 1417 EAST CONCORD ST. ORLANDO, FL 32803			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)					
Signature, typed or printed name of registered agent and title if applicable					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD AVERETT, MARION W 1417 EAST CONCORD ST. ORLANDO, FL 32803	<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	PD WARMUS, JAMES W 1417 EAST CONCORD ST. ORLANDO, FL 32803	<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	VD DURKEE, THOMAS V. 1417 EAST CONCORD ST. ORLANDO, FL 32803	<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	T BAUDER, BRUCE J 1417 EAST CONCORD ST. ORLANDO, FL 32803	<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	VD PETOSA, STEPHEN J 1417 EAST CONCORD ST. ORLANDO, FL 32803	<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	VD THOMPSON, PERRY R 1417 EAST CONCORD ST. ORLANDO, FL 32803	<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 like empowered.					
SIGNATURE: _____			2/1/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT
40009585

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AVERETT, WARMUS, DURKEE, BAUDER & THOMPSON, P.A.

FEI NUMBER: 59-3214308

ATTACHMENT

BLOCK 10 – OFFICERS AND DIRECTORS:

TITLE	SD
NAME	DEISSEROTH, MARY ANN
STREET ADDRESS	1417 EAST CONCORD STREET
CITY-ST-ZIP	ORLANDO FL 32803

TITLE	VD
NAME	BREITENSTEIN, SANDRA E.
STREET ADDRESS	1417 EAST CONCORD STREET
CITY-ST-ZIP	ORLANDO FL 32803

TITLE	VD
NAME	MCKEEBY, CHARLES P.
STREET ADDRESS	1417 EAST CONCORD STREET
CITY-ST-ZIP	ORLANDO FL 32803

TITLE	VD
NAME	SENN, TANA L.
STREET ADDRESS	1417 EAST CONCORD STREET
CITY-ST-ZIP	ORLANDO FL 32803