
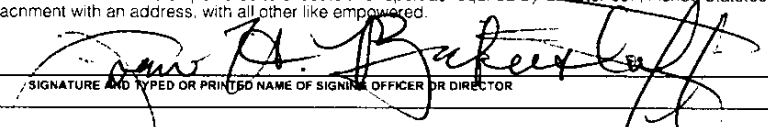


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90261 034 ***150.00

DOCUMENT # P94000067663					
1. Entity Name JOAN H. BICKERSTAFF, P.A.					
Principal Place of Business 1900 S HARBOR CITY BLVD STE 211 MELBOURNE, FL 32901-4763			Mailing Address 1900 S HARBOR CITY BLVD STE 211 MELBOURNE, FL 32901-4763		
2. Principal Place of Business - No P.O. Box # 4813 Union Cypress Place		3. Mailing Address 4813 Union Cypress Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State W. Melbourne, FL		City & State W. Melbourne		4. FEI Number 59-3305067	
Zip 32904		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32904-7731		Country USA		6. Name and Address of Current Registered Agent	
BICKERSTAFF, JOAN H 1900 S HARBOR CITY BLVD STE 329 MELBOURNE, FL 32901-4763					
7. Name and Address of New Registered Agent					
Name Street Address (P.O. Box Number is Not Acceptable) 4813 Union Cypress Place City W. Melbourne FL Zip Code 32904-7731					
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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE PVST NAME BICKERSTAFF, JOAN H STREET ADDRESS 1900 S HARBOR CITY BLVD, STE 211 CITY-ST-ZIP MELBOURNE, FL 329014765	<input type="checkbox"/> Delete				
TITLE D NAME BICKERSTAFF, JOAN H STREET ADDRESS 1900 S HARBOR CITY BLVD, STE 211 CITY-ST-ZIP MELBOURNE, FL 329014763	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS 4813 Union Cypress Place CITY-ST-ZIP W. Melbourne, FL 32904-9731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS 4813 Union Cypress Place CITY-ST-ZIP W. Melbourne, FL 32904-9731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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:  (321) 723-1009					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					