


**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.



01032007 Chg-P CR2E034 (12/06)

City & State  
**W. Melbourne, FL**

City & State  
**W. Melbourne**

Zip  
**32904**

Country  
**USA**

Zip  
**32904-9731**

Country  
**USA**

4. FEI Number  
**59-3305067**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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  
**32904-9731**

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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST BICKERSTAFF, JOAN H 1900 S HARBOR CITY BLVD, STE 211 MELBOURNE, FL 329014765</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BICKERSTAFF, JOAN H 1900 S HARBOR CITY BLVD, STE 211 MELBOURNE, FL 329014763</b> <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 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4813 Union Cypress Place W. Melbourne, FL 32904-9731</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4813 Union Cypress Place W. Melbourne, FL 32904-9731</b>
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: *Joan H. Bickerstaff* (321) 723-1009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #