

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 FEB 27 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000076598 1. Entity Name GEORGE A. KOURY, INC.					
Principal Place of Business 8665 BAYPINE ROAD SUITE 110 JACKSONVILLE, FL 32256		Mailing Address P O BOX 24109 JACKSONVILLE, FL 32241 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3280714	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOURY, GEORGE A 8665 BAYPINE ROAD STE 110 JACKSONVILLE, FL 32256		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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 PD	NAME KOURY, GEORGE A		TITLE NAME		
STREET ADDRESS 8665 BAYPINE ROAD, SUITE 110		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP JACKSONVILLE, FL 32256		CITY-ST-ZIP 300089984263 03/02/07--01004--017 **70.00			
TITLE VP	NAME LIEB, ANGELA M		TITLE NAME		
STREET ADDRESS 8665 BAYPINE ROAD, SUITE 110		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP JACKSONVILLE, FL 32256		CITY-ST-ZIP Treasurer - T Lieb, Angela M Jacksonville, FL 32256 8665 Baypine Rd, Ste 110			
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME		
CITY-ST-ZIP		CITY-ST-ZIP Secretary - S Lieb, Angela M Jacksonville, FL 32256 8665 Baypine Rd, Ste 110			
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME		
CITY-ST-ZIP		CITY-ST-ZIP			
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: _____		_____		_____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

2-22-07 904-262-8400

2/28/07