

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90026 017 ***150.00

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1. Entity Name
REINMAN MATHESON VAUGHAN & DURHAM, P.A.



Principal Place of Business
**1825 RIVERVIEW DRIVE
MELBOURNE, FL 32901**

Mailing Address
**1825 RIVERVIEW DRIVE
MELBOURNE, FL 32901**

40022060



DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3356218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REINMAN, JAMES L
1825 RIVERVIEW DRIVE
MELBOURNE, FL 32901**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REINMAN, JAMES L 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MATHESON, MAUREEN M 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VAUGHAN, KATHRYN A 400 S. ATLANTIC AVE., STE. 112 ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DURHAM, GREGORY P SR 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SACK, GARY B. 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #