


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90050 005 \*\*\*150.00

**DOCUMENT # P96000013890**

1. Entity Name  
**A.J. JIM SPALLA, P.A.**



Principal Place of Business  
**201 S. MONROE STREET  
 5TH FLOOR  
 TALLAHASSEE, FL 32301**

Mailing Address  
**PO BOX 1793  
 TALLAHASSEE, FL 32302-1793**


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
**106 E. College Avenue  
 Suite, Apt. #, etc.  
 1200**

City & State  
**Tallahassee, FL**

Zip Country  
**32301 USA**

40177



07052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**SPALLA, A.J. JIM  
 201 S. MONROE STREET  
 5TH FLOOR  
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name  
**Spalla, A.J. Jim**

Street Address (P.O. Box Number is Not Acceptable)  
**106 E. College Avenue  
 Suite 1200**

City  
**Tallahassee** **FL** Zip Code  
**32301**

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 **7/6/07**

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 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPALLA, A.J. JIM 2310 TRESSCOTT DR TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE:  DATE **7/6/07** (850) 224-9634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #