2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AN
Secretary of State

ANNUAL REPORT		
DOCUMENT # P9600 1. Entity Name JAMES D. PARK, P.A.	00057350	
Principal Place of Business	Mailing Address	
1039 US 41 BY PASS SO VENICE, FL 34285-4343	1039 US 41 BY PASS SO VENICE, FL 34285-4343	

01082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0675363 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARK, JAMES D DO NOT WRITE 308 PARKDALE DRIVE VENICE, FL 34285 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000581881 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 01/11/07-80009-014 150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME PARK, JAMES D STREET ADDRESS 308 PARKDALE DRIVE VENICE, FL 34285 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MARKET STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CELASI-NO TITLE KAME STREET ADDRESS CITY-ST-ZP NAME STREET ADDRESS CffY-ST-ZIP

12. Thereby certify that the Information supplied with this filling 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 effect 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 prhy like empowered.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-07

941-483.3305