


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90028 005 ***158.75

DOCUMENT # P96000063520	
1. Entity Name BERT A. TAVARY, P.A.	

Principal Place of Business 29 OLD KINGS ROAD NORTH SUITE 1A PALM COAST FL 32137	Mailing Address 29 OLD KINGS ROAD NORTH SUITE 1A PALM COAST FL 32137
--	--



2. Principal Place of Business - No P.O. Box # 700 ANASTASIA BLVD Suite, Apt. #, etc.	3. Mailing Address 700 ANASTASIA BLVD. Suite, Apt. #, etc.
--	---

1st MOORE CR2E034 (10/06)

City & State ST. AUGUSTINE, FLORIDA	City & State ST. AUGUSTINE, FLORIDA
Zip 32080	Zip 32080
Country U.S.A.	Country U.S.A.

4. FEI Number 59-3393220	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent KRESGE, KENNETH R CPA 1200 PLANTATION ISLAND DR SUITE 230 ST. AUGUSTINE FL 32080
--

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 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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAVARY, BERT A 29 OLD KINGS ROAD NORTH SUITE 1A PALM COAST FL 32137
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT TAVARY, BERT A 700 ANASTASIA BOULEVARD ST. AUGUSTINE, FLORIDA 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT TAVARY, BERT A. 700 ANASTASIA BOULEVARD ST. AUGUSTINE, FLORIDA 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bert A. Tavary	Date: 3/1/07	Daytime Phone #: 904-669-0979
----------------------------------	---------------------	--------------------------------------