


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90139 028 ***158.75

DOCUMENT # P96000089316
 1. Entity Name
ESTES, INGRAM, FOELS & GIBBS, P.A.




Principal Place of Business Mailing Address
37 NORTH ORANGE AVE **37 NORTH ORANGE AVE**
STE 300 **STE 300**
ORLANDO, FL 32801-2439 **ORLANDO, FL 32801-2439**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 03202007 Chg-P CR2E034 (12/06)

City & State City & State
 Zip Country Zip Country
 5. Certificate of Status Desired \$8.75 Additional Fee Required

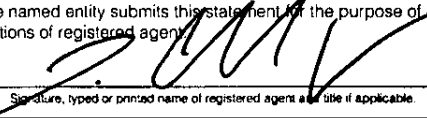
40045847



4. FEI Number
59-3407579 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
HANNAH, ROBERT A
37 N ORANGE AVE
STE 300
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 Name **J. Charles Ingram**
 Street Address (P.O. Box Number is Not Acceptable)
37 N. Orange Avenue
Suite 300
 City **Orlando** FL Zip Code **32801**

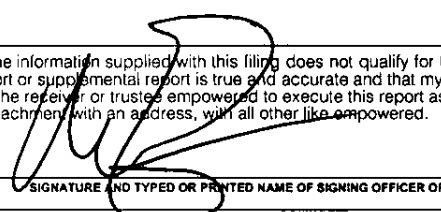
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE  **J. Charles Ingram** 3/20/2007
Signature, typed or printed name of registered agent as 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANNAH, ROBERT A 37 N ORANGE AVE., STE 300 ORLANDO, FL 328012439 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, J. CHARLES 37 N ORANGE AVE., STE 300 ORLANDO, FL 328012439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTES, MICHAEL A 37 N ORANGE AVE., STE 300 ORLANDO, FL 328012439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOELS, CRAIG S 37 NORTH ORANGE AVE, SUITE 300 ORLANDO, FL 328012439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, ERIC P 37 NORTH ORANGE AVE, SUITE 300 ORLANDO, FL 328012439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Curry, Christopher C. 37 N. Orange Ave., Ste 300 Orlando, FL 328012439 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **Michael A. Estes** 3/26/07 407-481-9449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #