

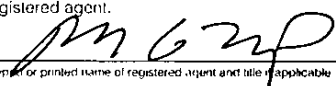



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90120 043 \*\*\*150.00

<b>DOCUMENT # P97000025891</b> 1. Entity Name <b>GUNTARP &amp; ASSOCIATES, P.A.</b>					
Principal Place of Business <b>185 CYPRESS POINT PKWY SUITE 6 PALM COAST, FL 32164</b>			Mailing Address <b>185 CYPRESS POINT PKWY SUITE 6 PALM COAST, FL 32164</b>		
2. Principal Place of Business - No P.O. Box # <b>4 Old Kings Rd. North</b> Suite, Apt. #, etc. <b>Suite B</b>		3. Mailing Address <b>4 Old Kings Rd. North</b> Suite, Apt. #, etc. <b>Suite B</b>			
City & State <b>PALM COAST, FL</b>		City & State <b>PALM COAST, FL</b>		4. FEI Number <b>59-3437434</b>	
Zip <b>32137</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GUNTARP, PAUL M JR, ESQ 185 CYPRESS POINT PKWY SUITE 6 PALM COAST, FL 32164</b>				7. Name and Address of New Registered Agent Name <b>GUNTARP, PAUL M. JR., ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>4 Old Kings Rd. North, Suite B</b> City <b>PALM COAST</b> FL Zip Code <b>32137</b>	
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: <b>1/30/07</b> <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GUNTARP, PAUL M JR</b> <b>185 CYPRESS POINT PKWY STE 6</b> <b>PALM COAST, FL 32164</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GUNTARP, PAUL M. JR.</b> <b>4 Old Kings Rd. North, Suite B</b> <b>PALM COAST, FL 32137</b>	<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		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input 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:  <b>Paul M. Guntarp, JR.</b> DATE: <b>1/30/07</b> PHONE: <b>(386) 445-8900</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>					