2007 FOR PROFIT CORPORATION ANNUAL REPORT



FILED n

 Feb 26, 2007 8:00 an Secretary of State
02-26-2007 90082 028 ***150.00

DOCUMENT # P97000033567				02-26-2007 90082 028 ***150.00					
1. Entity Name THE LAW OFFICE OF TIM JESAITIS, P.A.									
Principal Place	of Business	Mailing Address			400	25097			
2800 - 1ST A ST PETERSBU	VE. N. IRG, FL 33713 US	3156 VENETIAN BLVD NI SAINT PETERSBURG, FL			400				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092007	Chg-P	CR2E03	34 (12/06)	
City & State		Saint Petersburg FL		4. FEI Numbe		· ·		plied For Applicable	
Zip	Country	33731-0388	Country US		-	of Status Desired		\$8.75 Addi	itional
	6. Name and Address of Current				7. Name and	Address of New			·
JESAITIS,	TIM		Name	Je	SAITI	s, Tim			
5156 VENETIAN BLVD NE SAINT PETERSBURG, FL 33703			Street Ac	dress (I	O S+	er is Not Acceptate	VE NO	orth	
					·				
<u> </u>			Sain	Pei	ters bure	1	FL	Zip Code	713
	named entity submits this statement for one of registered agent.	or the purpose of changing its re	egistered office or	register	ed agent, or bo	h, in the State of F	Florida. † am f	amiliar with, a	and accept
SIGNATURE									
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent signatu	re required	t when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign Trust Fund Contrib	· · ·	\$5 . Add	.00 May Be led to Fees				
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OF	FICERS AND		
TITLE NAME	D JESAITIS, TIM	☐ Delete	TITLE NAME	P:*	Je5A	ritis.	. 1	Change	☐ Addition
STREET ADDRESS	5156 VENETIAN BLVD NE		STREET ADDRESS	28	00 15	t, AVE	N	714	
CITY-ST-ZIP	SAINT PETERSBURG, FL 3370	Delete	CITY-ST-ZIP	Sai	nt Peter	sburg, F	<u> </u>	Change	Addition
NAME		□ Deiete	NAME					onlinge	∐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Oelete	TITLE		· · ·			☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CATY+ST-ZIP						
TITLE		Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME Street adoress						
CITY-ST-ZIP			CITY-ST-ZIP					_	
TITLE		☐ Detete	TITLE NAME					☐ Change	Addition
NAME STREET ADDRESS	•		STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	HITLE NAME					Change	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY - ST-ZIP			CITY-ST-ZIP	<u> </u>				4 11 12 1	,
indicated of the cor	certify that the information supplied wi lon this report or supplemental report rporation or the receiver or trustee em , or on an attachment with an address	is true and accurate and that m powered to execute this report a	y signature shall r	iave the	same legal effe	ct as if made unde	er oath; that I i	am an officer	or director
SIGNAT	"URE:	R PRINCED NAME OF SIGNING OFFICER OF	R DIRECTOR			_ 4 /4/	07	Daytime Phone #	