


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90304 001 *2,400.00

DOCUMENT # P97000061272		
1. Entity Name ANSBACHER & MCKEEL, P.A.		
Principal Place of Business BARRY B ANSBACHER STE 2450 RIV PL TOWER 1301 RIVERPLC BL JACKSONVILLE, FL 32207-9037 US	Mailing Address BARRY B ANSBACHER STE 2450 RIV PL TOWER 1301 RIVERPLC BL JACKSONVILLE, FL 32207-9037 US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	



Ansbacher & McKeel, P.A.
 8818 Goodbys Executive Drive
 Jacksonville, Florida 32217

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 Jacksonville, Florida 32217

04262007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3458497	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

registered Agent ANSBACHER, BARRY B STE 2450 RIVERPLACE TOWER 1301 RIVERPLACE BLVD JACKSONVILLE, FL 32207-9037	Name	
	Street A	Ansbacher & McKeel, P.A.
	City	8818 Goodbys Executive Drive Jacksonville, Florida 32217
	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 _____ (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	DP ANSBACHER, BARRY B STE 2450 RIVERPLACE TOWER 1301 RIVERPLC B JACKSONVILLE, FL 32207 <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	DV MCKEEL, J. THOMAS 1301 RIVERPLACE BLVD STE 2450 JACKSONVILLE, FL 32207 <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
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 (904) 396-8050
 Date Daytime Phone #