## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000069188

FILED Apr 27, 2007 Secretary of State

Entity Nan	ne: PHYSICS SOUTH ASSOCIATES, IN	C		
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
P.O BOX 4 ST. PETER	8757 RSBURG, FL 33743			
Current Mailing Address:		New Mailing Address	::	
P.O. BOX 4 ST. PETER	18757 ISBURG, FL 33743			
FEI Number:	59-3465866 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
HELLER, J P.O. BOX 4 ST. PETES			19425 SPRING OAK DR	
The above in the State	named entity submits this statement for the of Florida.	ne purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: JOHN P HELLER		04/27/2007	
	Electronic Signature of Registered	Agent	Date	
Election Can	npaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete HELLER, JOHN P P.O. BOX 48757 ST. PETESBURG, FL 33743	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete ROSS, RAYMOND B 4411 BEE RIDGE RD, PO BOX 163 SARASOTA, FL 34233	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P HELLER 04/27/2007 MR