


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90019 006 ***150.00

DOCUMENT # P98000000070 1. Entity Name LESLIE A. MCELHINNEY, CPA, PA			
Principal Place of Business 105 S RIVERSIDE DR SUITE 151 INDIALANTIC, FL 32903		Mailing Address 105 S RIVERSIDE DR SUITE 151 INDIALANTIC, FL 32903	
2. Principal Place of Business - No P.O. Box # 1600 Sarno Rd.		3. Mailing Address 1600 Sarno Rd	
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4	
City & State Melbourne FL		City & State Melbourne FL	
Zip 32935		Zip 32935	
Country USA		Country USA	
4. FEI Number 59-3497551		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCELHINNEY, LESLIE A 105 S RIVERSIDE DR #151 INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1600 Sarno Rd Suite 4 City Melbourne FL Zip Code 32935	
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 <u><i>Leslie A. McElhinney</i></u> DATE <u>1/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete MCELHINNEY, LESLIE A 4749 CANARD ROAD MELBOURNE, FL 32934	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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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: <u><i>Leslie McElhinney</i></u>		Date <u>1/17/07</u> Daytime Phone # <u>321-751-2118</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			