
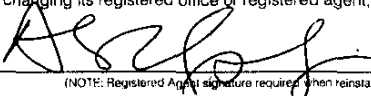



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90098 026 \*\*\*150.00

DOCUMENT # P98000000573					
1. Entity Name DENNIS L. SALVAGIO, P.A.					
Principal Place of Business 1212 EAST RIDGEWOOD STREET ORLANDO, FL 32803			Mailing Address 1212 EAST RIDGEWOOD STREET ORLANDO, FL 32803		
2. Principal Place of Business - No P.O. Box # 1600 E. ROBINSON ST Suite, Apt. #, etc. SUITE 300 City & State ORLANDO, FLORIDA Zip 32803 Country USA		3. Mailing Address 1600 E. ROBINSON ST. Suite, Apt. #, etc. SUITE 300 City & State ORLANDO, FLORIDA Zip 32803 Country USA		02232007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3484390				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 SALVAGIO, DENNIS L 1212 EAST RIDGEWOOD STREET ORLANDO, FL 32803			7. Name and Address of New Registered Agent Name DENNIS L. SALVAGIO Street Address (P.O. Box Number is Not Acceptable) 1600 EAST ROBINSON STREET SUITE 300 City ORLANDO FL Zip Code 32803		
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: DENNIS L. SALVAGIO				3-9-07	
Signature, typed or printed name of registered agent and title if applicable.		(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. <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	PSTD SALVAGIO, DENNIS L 1212 EAST RIDGEWOOD STREET ORLANDO, FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD SALVAGIO, DENNIS L. 1600 EAST ROBINSON ST #300 ORLANDO, FLORIDA 32803	<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: DENNIS L. SALVAGIO				3-9-07 407-895-5213	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	