2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P98000012826 1. Entity Name WANSBORO LAW FIRM, P.A.

FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

A C EL ODIDA ANE

5943 FLORIDA AVE NEW PORT RICHEY, FL 34652 Mailing Address
5943 FLORIDA AVE

NEW PORT RICHEY, FL 34652

DO	NOT	WRITE	IN	THIS	SPACE
\sim	$11 \sim 1$	* * * * * * * * * * * * * * * * * * *			

01182007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3491427 Not Applied be \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered)

SIGNATURE:

WANSBORO, PETER 5943 FLORIDA AVE NEW PORT RICHEY, FL 34652

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasating) DATE					
	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	9. Etection Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			U00000595413 01/23/07-80038-022 150.00
10.	OFFICERS AND DIREC	CTORS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
TITLE	D				
NAME	WANSBORO, PETER				
STREET ADDRESS	5943 FLORIDA AVE				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS				DO	NOT WRITE
CITY-ST-ZIP				DO	MOI WILLE
TITLE				IN '	THIS SPACE
NAME				114	THIS STAGE
STREET ADDRESS					
CITY-ST-ZIP					
TIFLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					

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