## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P99000003859

1. Entity Name STEVEN GINNS, P.A.



FILED
Jan 07, 2008 08:00 AN
Secretary of State

Principal Place of Business

370 W. CAMINO GARDENS BLVD., STE. 300 BOCA RATON, FL 33432

Mailing Address

370 W. CAMINO GARDENS BLVD., STE. 300 BOCA RATON, FL 33432



01042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0892769

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GINNS, STEVE 370 W. CAMINO GARDENS BLVD., STE. 300 BOCA RATON, FL 33432

## DO NOT WRITE

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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				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.			scing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	ារ និក៏ និទី២២ គឺស្មែ	
NAME STREET ADDRESS CITY-ST-ZIP	D GINNS, STEVE 370 W. CAMINO GARDENS BLVD., ST BOCA RATON, FL 33432	TE. 300		U00000774271
TITLE NAME STREET ADDRESS CITY-ST-ZIP				.01/07/08-80008-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN.	THIS SPACE
TITLE 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 changed, or on an attachment with an address, with all other like empowered.				

TED NAME OF SIGNING OFFICER OR DIRECTOR