


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90182 018 \*\*\*150.00

**DOCUMENT # P99000009907**

1. Entity Name  
 TERESA J. SOPP, P.A.



Principal Place of Business  
 96124 LOFTON SQ CT  
 YULEE, FL 32097

Mailing Address  
 96124 LOFTON SQ CT  
 YULEE, FL 32097

2. Principal Place of Business - No P.O. Box #  
 961687 Gateway Blvd

3. Mailing Address  
 SAME

Suite, Apt. #, etc.  
 201 G

Suite, Apt. #, etc.

City & State  
 Fernandina Bch

City & State

Country  
 NASSAU

Zip  
 32034

Country



03082007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

SOPP, TERESA J  
~~96124 LOFTON SQ CT~~ 961687 Gateway Blvd  
~~YULEE, FL 32097~~ #201 G  
 32034 Fernandina Bch FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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: *Teresa J. Sopp* DATE: 4/16/2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SOPP, TERESA	96124 LOFTON SQ CT	YULEE, FL 32097	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TERESA J. SOPP	961687 GATEWAY BLVD #201 G	FERNANDINA BCH FL 32034	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Teresa J. Sopp* DATE: 4/16/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #