## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000010367** MICHELE P. KING, P.A. Principal Place of Business Mailing Address 5107 27TH AVENUE SOUTH 5107 27TH AVENUE SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707

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



DO NOT WRITE IN THIS CRACE	01042007 No Chg-P	01042007 No Chg-P CR2E034 (11705)		
DO NOT WRITE IN THIS SPACE	4. FEI Number		Applied For	
	59-3551060		Not Applicable	
	5. Certificate of Status Desired	Desired		

6. Name and Address of Current Registered Agent

KING, MICHELE P 5107 27TH AVENUE SOUTH GULFPORT, FL 33707

## DO NOT WRITE IN THIS SPACE

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)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, MICHELE P 5107 27TH AVENUE SOUTH GULFPORT, FL 33707							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000577160 01/08/07-80005-012 150.00			
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 flying 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 cath; 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:

CICNATUDE. MC

14/07

(727) 321-3619