


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000024805 1. Entity Name FONVIELLE LEWIS FOOTE & MESSER, P.A.	
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Principal Place of Business 3375 CAPITAL CIRCLE NORTHEAST BUILDING A TALLAHASSEE, FL 32208	Mailing Address 3375 CAPITAL CIRCLE NORTHEAST BUILDING A TALLAHASSEE, FL 32208
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3563747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONVIELLE, C. DAVID
3375 CAPITAL CIRCLE NORTHEAST
BUILDING A
TALLAHASSEE, FL 32208

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

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	U000000671022 03/28/07-80011-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FONVIELLE, C. DAVID 3755 BOBBIN MILL ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEWIS, HALLEY B III 2150 THIRLESTANE RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOOTE, JOHN H 6960 STANDING PINES LANE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MESSER, JAMES E JR. 9912 BEAVER RIDGE TRAIL TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 title empowered.

SIGNATURE: C. DAVID FONVIELLE 1-8-07 750-4227723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT