


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # S81631
 1. Entity Name
ROSS H. CONCKLIN P.A.



Principal Place of Business 917 BRUCE AVE CLEARWATER, FL 33767 US	Mailing Address 917 BRUCE AVE CLEARWATER, FL 33767 US
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3103258	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

**CONCKLIN, ROSS H.
 917 BRUCE AVE
 CLEARWATER, FL 33767**

DO NOT WRITE IN THIS SPACE

B. 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 _____

**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

U00000755935
 05/23/07-80011-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CONCKLIN, ROSS H. 917 BRUCE AVE CLEARWATER, FL 33767
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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 reports 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 an officer-like empowerment.

SIGNATURE: *Ross H. Concklin* **ROSS H. CONCKLIN** 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #