Mar 06 07 08:13a

05-17-2007 90036 031 ***150.00
FILED S92392
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 23 AM 4:57

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S92392

1. Entity Name
VAUGHAN & MAXWELL, P.A.

Principal Place of Business	Mailing Address
205 E. CENTRAL BLVD #500 ORLANDO, FL 32801-1980	205 E. CENTRAL BLVD #500 ORLANDO, FL 32801-1980

03052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
121 S. Orange Avenue		121 S. Orange Avenue	
Suite, Apt. #, etc.: 900		Suite, Apt. #, etc.: 900	
City & State: Orlando, Florida		City & State: Orlando, Florida	
Zip: 32801	Country: USA	Zip: 32801	Country: USA

4. FEI Number 59-3096097 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAUGHAN, THOMAS A., II
205 E. CENTRAL BLVD
STE 500
ORLANDO, FL 32801-1980

7. Name and Address of New Registered Agent

Name: Vaughan, Thomas A., II
Street Address (P.O. Box Number is Not Acceptable): 121 S. Orange Avenue #900
City: Orlando FL Zip Code: 32801

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] Thomas A. Vaughan, II President DATE: 3/5/07

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST VAUGHAN, THOMAS A., II 205 E. CENTRAL BLVD #500 ORLANDO, FL 328011980	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDST 121 S. Orange Avenue, Ste 900 Orlando, FL 32801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Thomas A. Vaughan, II 3/5/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR