

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J35779

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: NICHOLAS YONCLAS, P.A.

## Current Principal Place of Business:

35 ISLAND DR  
SUITES 9 & 10  
EASTPOINT, FL 32328 US

## New Principal Place of Business:

35 ISLAND DR  
SUITE 7  
EASTPOINT, FL 32328 US

## Current Mailing Address:

P.O. BOX 386  
EASTPOINT, FL 32328 US

## New Mailing Address:

FEI Number: 59-2736651      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YONCLAS, NICHOLAS  
35 ISLAND DR  
SUITES 9 & 10  
EASTPOINT, FL 32328 US

## Name and Address of New Registered Agent:

YONCLAS, NICHOLAS  
35 ISLAND DR  
SUITE 7  
EASTPOINT, FL 32328 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/28/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVT ( ) Delete  
Name: YONCLAS, NICHOLAS,  
Address: 35 ISLAND DR., SUITES 9 & 10  
City-St-Zip: EASTPOINT, FL 32328

Title: S ( ) Delete  
Name: YONCLAS, BARBARA  
Address: 35 ISLAND DR., SUITES 9 & 10  
City-St-Zip: EASTPOINT, FL 32328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change ( ) Addition  
Name: YONCLAS, NICHOLAS,  
Address: 35 ISLAND DR., SUITE 7  
City-St-Zip: EASTPOINT, FL 32328

Title: S (X) Change ( ) Addition  
Name: YONCLAS, BARBARA  
Address: 35 ISLAND DR., SUITE 7  
City-St-Zip: EASTPOINT, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS YONCLAS

Electronic Signature of Signing Officer or Director

P

04/28/2007

Date