2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000003414

1. Entity Name

D.G. YARBOROUGH, CPA, PC



FILED Feb 26, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

8045 CORPORATE CENTER DR., #300 CHARLOTTE, NC 28226

8045 CORPORATE CENTER DR., #300 CHARLOTTE, NC 28226



02122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 56-2186129

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR., STE. 4 WESTON, FL. 33331

DO NOT WRITE IN THIS SPACE

				I HIS SPA	ACE	
	named entity submits this statement for the plions of registered agent. Signature, typed or printed name of registered agent and little is	-	tered office or registered agent, of		in the State of Florida. I am familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT CP . YARBOROUGH, GERALD 8045 CORPORATE CENTER DR., #30 CHARLOTTE, NC 28226			U0000064	19147	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YARBOROUGH, CAROLYN 8045 CORPORATE CENTER DR., #30 CHARLOTTE, NC 28226	00		03/06/07-80	1101-006 150.00	
TITLE NAME STREET ADDRESS			n in the second	O NOT WI	RITE AND AND A	

DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP

CHARLOTTE, NC 28226

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

THE NAME

STREET ADDRESS
CITY-ST-ZIP

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 60, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 60 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07

704-542-8284