# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2007 8:00 am**
**Secretary of State**
01-23-2007 90016 033 ***150.00

DOCUMENT # P01000027898

1. Entity Name
FISHER, BUTTS, SECHREST & WARNER, P.A.

60004892

| Principal Place of Business | Mailing Address |
|---|---|
| 5203 SW 91ST TERR.<br>SUITE D<br>GAINESVILLE, FL 32608 | 5203 SW 91ST TERR.<br>SUITE D<br>GAINESVILLE, FL 32608 |

01042007 Chg-P CR2E034 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 5200 SW 91 Terrace | ← Same |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Gainesville, FL | City & State |
| Zip: 32608 Country: USA | Zip Country |

4. FEI Number: 59-3713169 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BUTTS, ROBERT P<br>5203 SW 91ST TERR., STE D<br>GAINESVILLE, FL 32608 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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 _____ DATE
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 | DS<br>BUTTS, ROBERT P<br>3909 SW 92ND TERRACE<br>GAINESVILLE, FL 32608 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>4854 SW 91st CT. |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>FISHER, MARK S<br>8605 SW 38TH AVE<br>GAINESVILLE, FL 32608 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>SECHREST, MICHAEL D<br>7514 NW 42ND AVENUE<br>GAINESVILLE, FL 32608 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>3583 SW 87th Drive<br>Gainevile FL 32608 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>WARNER, D M<br>2226 SW 95TH TERRACE<br>GAINESVILLE, FL 32607 | ☐ 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:** _____ 1/17/2007 352 373-5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #