## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000108240

City-St-Zip:

TALLAHASSEE, FL 32301

Entity Name: METZ, HUSBAND & DAUGHTON, P.A

FILED Apr 23, 2007 Secretary of State

Littly Na	IIIE. WILTZ, FI	OSBAND & DAOGITTON, F.A	•		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
215 S MONROE ST			215 S. MONROE ST.	215 S. MONROE ST.	
505 TALLAHASSEE, FL 32301			SUITE 505	SUITE 505 TALLAHASSEE, FL 32301	
	,		,		
Current IV	lailing Addres	SS:	New Mailing Address	New Mailing Address:	
P.O. BOX TALLAHA	10909 SSEE, FL 323	02			
FEI Number: 59-3614330 FEI Number Applied For ( )		FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HUSBAND, WARREN H 215 S MONROE ST STE 505 TALLAHASSEE, FL 32301 US			215 S. MONROE ST. STE 505		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:			04/23/2007	
	Electron	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( METZ, STEPHI 215 S MONRO TALLAHASSEE	E ST STE 505	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DVST ( HUSBAND, WA 215 S MONRO TALLAHASSEE	E ST STE 505	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address:	D ( DAUGHTON, JA 215 S MONRO		Title: ( Name: Address:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: WARREN H. HUSBAND DVST 04/23/2007