

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90364 005 ***150.00

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1. Entity Name
DAILEY-FOTORNY, INC



Principal Place of Business

5050 10TH AVENUE NORTH
STE B
LAKE WORTH, FL 33463 US

Mailing Address

5050 10TH AVENUE NORTH
STE B
LAKE WORTH, FL 33463 US



03072007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
C/O ROBERT R. MORRIS, PA

Suite, Apt. #, etc. SUITE 205
685 ROYAL PALM BEACH BLVD.

3. Mailing Address

C/O ROBERT R. MORRIS, PA

Suite, Apt. #, etc. SUITE 205
685 ROYAL PALM BEACH BLVD

City & State

ROYAL PALM BEACH, FL

City & State

ROYAL PALM BEACH, FL

4. FEI Number
59-1395216

Applied For

Not Applicable

Zip
33411

Country

USA

Zip
33411

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOTORNY, KIMBERLEY C
5050 10TH AVENUE NO., SUITE B
LAKE WORTH, FL 33463

7. Name and Address of New Registered Agent

Name ROBERT R. MORRIS

Street Address (P.O. Box Number is Not Acceptable)
685 ROYAL PALM BEACH BLVD.

SUITE 205

City ROYAL PALM BEACH

FL

Zip Code
33411

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 ROBERT R. MORRIS

3/8/07

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE ST
NAME FOTORNY, KIMBERLEY C.
STREET ADDRESS 5050 10TH AVENUE NORTH SUITE B
CITY-ST-ZIP LAKE WORTH, FL ☐ Delete

TITLE PD
NAME FOTORNY, PAUL
STREET ADDRESS 5050 10TH AVENUE NORTH SUITE B
CITY-ST-ZIP LAKE WORTH, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST P
NAME KIMBERLEY C. FOTORNY
STREET ADDRESS C/O ROBERT R. MORRIS PA
CITY-ST-ZIP 685 ROYAL PALM BEACH BLVD, Suite 205
ROYAL PALM BEACH, FL 33411 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: KIMBERLEY C FOTORNY 3/8/07 561-248-4024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #