


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 603187 1. Entity Name HILYARD, BOGAN, & PALMER, PROFESSIONAL ASSOCIATION	
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Principal Place of Business 105 E. ROBINSON ST. 201 ORLANDO, FL 32801-1622	Mailing Address P O BOX 4973 ORLANDO, FL 32802-4973
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DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1363526	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODGERS, JOHN W ESQ 304 E. COLONIAL DR. ORLANDO, FL 32801
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**DO NOT WRITE
IN THIS SPACE**

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOGAN, BRUCE R 105 E. ROBINSON STREET, STE 201 ORLANDO, FL 328011622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HILYARD, SUTTON G JR 105 E. ROBINSON ST, STE 201 ORLANDO, FL 328011622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALMER, BOBBY G JR 105 E. ROBINSON ST, STE 201 ORLANDO, FL 328011622
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03/01/07-80034-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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:  **2-15-2007** 407 425-4251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Bruce R. Bogan / President of P.A.