

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603473

FILED  
Feb 02, 2007  
Secretary of State

Entity Name: FOGLE & FIEDLER, P.A.

## Current Principal Place of Business:

217 E PLYMOUTH AVE.  
P.O. BOX 24  
DELAND, FL 327210024

## New Principal Place of Business:

217 E PLYMOUTH AVE.  
DELAND, FL 32724 US

## Current Mailing Address:

P.O. BOX 24  
DELAND, FL 327210024 US

## New Mailing Address:

FEI Number: 59-1390975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FIEDLER, TIMOTHY R  
218 SILVER BRANCHTRAIL  
DELAND, FL 32724 US

## Name and Address of New Registered Agent:

FIEDLER, TIMOTHY R  
725 W HIGHLAND AVE  
DELAND, FL 32720 US

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.

SIGNATURE: TIMOTHY R. FIEDLER      02/02/2007  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVPD ( ) Delete  
Name: FIEDLER, TIMOTHY R  
Address: 218 SILVER BRANCH TRAIL  
City-St-Zip: DELAND, FL 32724

Title: STD ( ) Delete  
Name: FIEDLER, MARY M  
Address: 218 SILVER BRANCH TRAIL  
City-St-Zip: DELAND, FL 32724

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD (X) Change ( ) Addition  
Name: FIEDLER, TIMOTHY R  
Address: 725 W HIGHLAND AVE  
City-St-Zip: DELAND, FL 32720 US

Title: STD (X) Change ( ) Addition  
Name: FIEDLER, MARY M  
Address: 725 W HIGHLAND AVE  
City-St-Zip: DELAND, FL 32724 US

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.

SIGNATURE: TIMOTHY R. FIEDLER      PVPD      02/02/2007  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date