2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 669974

1. Entity Name
THE DYE LAW FIRM, P.A.

Principal Place of Business	Mailing Address
236 E 5TH AVENUE	P.O. BOX 4148
TALLAHASSEE, FL 32303 US	TALLAHASSEE, FL 32315 US

DO NOT WRITE IN THIS SPACE

04252007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2009839	Not Applicable

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

6. Name and Address of Current Registered Agent

DYE, JIMMY
236 E 5TH AVENUE
TALLAHASSEE, FL 32303

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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	VST
NAME	DYE, JIMMY
STREET ADDRESS	317 EAST CALL STREET
CITY-ST-ZIP	TALLAHASSEE, FL

TITLE	PD
NAME	DYE, JIMMY
STREET ADDRESS	236 EAST 5TH AVENUE
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	
NAME	
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CITY-ST-ZIP	

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05/14/07-80055-007 150.00

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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: _Jimmy Dye_   4-26-07   850-224-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #