


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # F95000003550 1. Entity Name FAIRVIEW CORPORATION OF PENNSYLVANIA	
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Principal Place of Business 2 POND'S EDGE DR CHADDS FORD, PA 19317 US	Mailing Address P.O. BOX 999 CHADDS FORD, PA 19317
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DO NOT WRITE IN THIS SPACE



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2096615	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 MOORE, BRUCE E 2631 MCCORMICK DR., STE 101 CLEARWATER, FL 33759
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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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSO, JACK J 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT DOYLE, DENISE M 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRICE, ELAINE C 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, JANET L 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BRUCE E 2 POND'S EDGE DR. CHADDS FORD, PA 19317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIOVINCO, LINDA T 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317

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04/25/07-80009-011 158.75

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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: Denise M. Doyle Denise M. Doyle 3/30/07 610-388-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Vice President