2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 08, 2007 08:00 All Secretary of State DOCUMENT # G61933 1. Entity Name CHARLES E. PORCH, O.D., P.A. Principal Place of Business Mailing Address 907 GARDEN GATE CIRCLE 907 GARDEN GATE CIRCLE PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State 4. FEI Number 59-2326971 Not Applicable Zip Country Zıp Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PORCH, CHARLES E O.D. Street Address (P.O. Box Number is Not Acceptable) 6006 WEST SHORE DRIVE PENSACOLA FL 32526 City Zip Code 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 reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition DIH Delete HILL PORCH, CHARLES E O.D. NAM NAME 000000627213 02/15/07-80052-005 150.00 6006 WEST SHORE DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-7IP CHY-ST-7IP Delete Change ☐ Addition TITLE TIFLE NAMI<sup>\*</sup> NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE 11156 NAM NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE HILE NAM NAMI STREET LADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-7IP ☐ Addition Change ☐ Delete 100 TITUE. NAME · NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP ☐ Addition Change HILE ☐ Delete TOTAL NAMO NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/5/07 (853) 478-5/20