## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H26442

1. Entity Name

STEPHEN E. SUTHERLAND, P.A.



FILED Feb 21, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

201 E GOVERNMENT STREET PENSACOLA, FL 32501 US P O BOX 1263

PENSACOLA, FL 32596



DO NOT WRITE IN THIS SPACE

02152007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

59-2469704

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

SUTHERLAND, STEPHEN E. 201 E. GOVERNMENT STREET PENSACOLA, FL 32501

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registers	ad office or r	egistered agent, or bol	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				required when reinstating)	DATE
FILE NOWIII 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			U00000642255 03/01/07-80035-016 150.00
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTLE NAME STREET ADDRESS	DP SUTHERLAND, STEPHEN E. 201 E GOVERNMENT ST PENSACOLA, FL 32501				
CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	DO NOT WRITE		
TITLE NAME STREET ADDRESS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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:

CITY-ST-ZIP

STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESIDENT

211615

432-5400

Date

Daytime Phone #