## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # H45370** 

1. Entity Name MAPP & PARKER, P.A.



FILED
Jan 10, 2007 08:00 AM
Secretary of State

Principal Place of Business

1419 E. ROBINSON ST. ORLANDO, FL 32801

Mailing Address

1419 E ROBINSON ST ORLANDO, FL 32801



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01042007 No Chg-P CR2E034 (11/05)

59-2501098

4. FEI Number

Not Applicable

\$8.75 Additional

Applied For

5. Certificate of Status Desired Fee Required

PARKER, JR, CHARLES 1419 EAST ROBINSON STREET ORLANDO, FL 32801

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

		<b> </b>			
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 Agen( signature required when reinstating)  DATE					
OXIVE TRUBERED Agent signature of agusticative or agusticative (notice hagisticated Agent signature explanation).					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contribution			ng 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARKER, CHARLES JR 1419 E. ROBINSON STREET ORLANDO, FL 32801				
TITLE NAME STREET ADDRESS CITY+ST-ZIP					000000580817 01/10/07-80062-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 empowing 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 atlachment of the productions with all other like empowered.					

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR