


**. 2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # J12409 1. Entity Name MCDONALD & SHEARER, P.A.	
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Principal Place of Business 2000 E EDGEWOOD DR SUITE #107 LAKELAND, FL 33803 US	Mailing Address 2000 E EDGEWOOD DR SUITE #107 LAKELAND, FL 33803 US
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2622737	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCDONALD, THOMAS A. 2000 E EDGEWOOD DR SUITE 107 LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	DST SHEARER, LAWRENCE D. 2000 E EDGEWOOD DR 107 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONALD, THOMAS A. 2000 E EDGEWOOD DR 107 LAKELAND, FL 33803
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01/24/07-80050-001 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-78-07 (863) 665-6895
Date Daytime Phone #