


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90087 040 \*\*\*150.00

<b>DOCUMENT # J17160</b>	
1. Entity Name J. DAVID HOLDER, P.A.	

Principal Place of Business 1408 N. PIEDMONT WAY, SUITE 100 TALLAHASSEE, FL 32308	Mailing Address 1408 N. PIEDMONT WAY, SUITE 100 TALLAHASSEE, FL 32308
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2. Principal Place of Business No P.O. Box # 217 N. Blue Heron Dr. Suite, Apt. #, etc.	3. Mailing Address 217 N. Blue Heron Dr. Suite, Apt. #, etc.
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City & State Santa Rosa Beach, FL	City & State Santa Rosa Beach, FL
Zip 32459	Zip 32459
Country USA	Country USA



07102007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2684111	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOLDER, J. DAVID 1408 N. PIEDMONT WAY, SUITE 100 TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 217 N. Blue Heron Drive City Santa Rosa Beach, FL Zip Code 32459
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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 reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HOLDER, J. DAVID 1408 N PIEDMONT WAY #100 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	217 N. Blue Heron Dr. Santa Rosa Beach, FL 32459 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. David Holder* 7/10/07  
J. DAVID HOLDER

LAW OFFICES OF  
**J. DAVID HOLDER**

A PROFESSIONAL ASSOCIATION

ADMINISTRATIVE & GOVERNMENTAL LAW  
TRIAL PRACTICE-PERSONAL INJURY  
& WRONGFUL DEATH  
GENERAL PRACTICE

1400 VILLAGE SQUARE BLVD., # 3-196  
TALLAHASSEE, FLORIDA 32312

(850) 508-4964  
(850) 385-9833 (FAX)

ATTACHMENT

40124911

# J17160

217 NORTH BLUE HERON DRIVE  
SANTA ROSA BEACH, FLORIDA 32459

(850) 508-4964  
(850) 622-0006 (FAX)

REPLY TO:

7/10/07

Division of Corporations  
Department of State  
P.O. Box 1500  
Tallahassee, FL

Sirs:

I did not receive my prior notice to file annual report. After nineteen years in the same location I moved my office to another city this year and mail forwarding has been very spotty.

Enclosed is my report and check for \$150.00. filing fee.

Thank you.

J. David Holder