

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J55261

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: DBA ASSOCIATES, INC.

**Current Principal Place of Business:**

129 NANDINA CIRCLE  
PONTE VEDRA BCH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

129 NANDINA CIRCLE  
PONTE VEDRA BCH, FL 32082

**New Mailing Address:**

C/O WILMOTH & ASSOCIATES, P.A.  
2317 BLANDING BLVD., SUITE 206  
JACKSONVILLE, FL 32210

FEI Number: 59-2764816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOTOLAW, INC.  
50 N. LAURA STREET  
SUITE 2500  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

WILMOTH & ASSOCIATES, P.A.  
2317 BLANDING BOULEVARD  
SUITE 206  
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: KIM M. WILMOTH

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLLINS, WILLIAM J  
Address: 129 NANDINA CIRCLE  
City-St-Zip: PONTE VEDRA BCH., FL

Title: VD ( ) Delete  
Name: COLLINS, BRENDA  
Address: 129 NANDINA CIRCLE  
City-St-Zip: PONTE VEDRA BCH., FL

Title: DST ( ) Delete  
Name: LEE, LISA  
Address: 4839 MARSH HAMMOCK DR. E.  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J. COLLINS

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date