





2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90070 018 ***158.75

DOCUMENT # L42897 1. Entity Name DONNA HUMPHREY, INC.					
Principal Place of Business 2360 SOUTHLAND ROAD MOUNT DORA, FL 32757 — US			Mailing Address 2360 SOUTHLAND ROAD MOUNT DORA, FL 32757 — US		
2. Principal Place of Business - No P.O. Box # 229 LIVE OAK BLVD Suite, Apt. #, etc. BUILDING 5 City & State CASSELBERRY, FL. Zip 32707 Country USA		3. Mailing Address 229 LIVE OAK BLVD Suite, Apt. #, etc. BUILDING 5 City & State CASSELBERRY, FL Zip 32707 Country USA			
4. FEI Number 59-2982694		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$6.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUMPHREY, DONNA L 2360 SOUTHLAND ROAD MOUNT DORA, FL 32757			7. Name and Address of New Registered Agent Name DONNA L. HUMPHREY Street Address (P.O. Box Number is Not Acceptable) 229 LIVE OAK BLVD BUILDING 5 City CASSELBERRY FL Zip Code 32707		
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 <u>DONNA L. HUMPHREY PRES.</u>  <u>4/30/07</u> <small>*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUMPHREY, DONNA L 2360 SOUTHLAND ROAD MOUNT DORA, FL 32757	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONNA L. HUMPHREY 229 LIVE OAK BLVD BUILDING 5 CASSELBERRY, FL. 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONNA L. HUMPHREY 229 LIVE OAK BLVD BUILDING 5 CASSELBERRY, FL. 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					