2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000107489

1. Entity Name CALDWELLLAW, P.A.

Principal Place of Business

1721 RIDGEWOOD AVENUE

SUITE G

HOLLY HILL, FL 32117

Mailing Address

P.O. BOX 2023

DAYTONA BEACH, FL 32115

01032007

No Chg-P

CR2E034 (11/05)

FILED

Jan 16, 2007 08:00 AM Secretary of State

4. FEI Number 59-3714225

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

SUITE G	EL, SARA GEWOOD AVE		of the second	IN THIS S	
8. The above the obligat	e named entity submits this statement for the pations of registered agent.	ourpose of changing its registe	 red office or registered	agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE Register	red Agent signature required wh	en reinstatling)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. IIILE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALDWELL, SARA 1721 RIDGEWOOD AVE SUITE G HOLLY HILL, FL 32117	CTORS		U00001 01/17/07	0596865 -80010-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS			\$ 100 miles		n de la companya de

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 preceiver 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 appear with any address, with all other like empowered.

SIGNATURE:

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Sara Caldwell

'386)258**-**1950