

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90009 025 ***150.00

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DOCUMENT # P00000115427 1. Entity Name LAW OFFICES OF DERIC F. TIPTON, P.A.					
Principal Place of Business 5405 OKEECHOBEE BOULEVARD SUITE 301-B WEST PALM BEACH, FL 33417			Mailing Address 5405 OKEECHOBEE BOULEVARD SUITE 301-B WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box # 14882 Horseshoe Trace		3. Mailing Address 14882 Horseshoe Trace			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Wellington, FL		City & State Wellington, FL		4. FEI Number 65-1062286	
Zip 33414		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIPTON, DERIC 5405 OKEECHOBEE BLVD SUITE 301-B WEST PALM BEACH, FL 33417			7. Name and Address of New Registered Agent Name TIPTON, DERIC Street Address (P.O. Box Number is Not Acceptable) 14882 HORSESHOE TRACE City WELLINGTON FL Zip Code 33414		
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>Deric F. Tipton</u> <u>2/20/07</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PSTD TIPTON, DERIC F <input type="checkbox"/> Delete 5405 OKEECHOBEE BOULEVARD SUITE 301B WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TIPTON, DERIC F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14882 HORSESHOE TRACE WELLINGTON, FL 33414	
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	
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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: Deric F. Tipton <u>2/20/07</u> 561-313-9728 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					