



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2007 90009 014 ***150.00

DOCUMENT # P00000117535 1. Entity Name W.O. BIRCHFIELD, P.A.					
Principal Place of Business 3303 PARK ST JACKSONVILLE, FL 32205				Mailing Address 3303 PARK ST JACKSONVILLE, FL 32205	
2. Principal Place of Business - No P.O. Box # 1031 LaSalle St.		3. Mailing Address 1031 LaSalle St.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville, FL		City & State Jacksonville, FL			
Zip 32207		Country USA		4. FEI Number 59-3688462	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		03202007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent BIRCHFIELD, W.O. 3303 PARK ST JACKSONVILLE, FL 32205				7. Name and Address of New Registered Agent Name W.O. BIRCHFIELD Street Address (P.O. Box Number is Not Acceptable) 1031 LaSalle Street City Jacksonville FL 32207	
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: W.O.B. DATE: 3/20/2007 <small>Signature, typed or printed name of registered agent, and date 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	P BIRCHFIELD, W. O. 3303 PARK ST JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P W.O. BIRCHFIELD 1031 LaSalle Street Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: W.O.B. (W.O. BIRCHFIELD)		3/20/2007 904-396-6625		Date Daytime Phone #	