## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

	ANNUA	L REPORT	<u> </u>	7	<b>Jan 11</b>	, 2007 08:00
1. Entity Nam	MENT # P0000011 m. davis, p.a.		Secretary of Sta			
		+ Kin and			•	
-	ce of Business ANNEDY BLVD.	Mailing Address 3333 W. KENNEDY BLVD. SUITE 102 TAMPA, FL 33609			N FRAN BRAN BRAN DRAN BOLLAKI	•
_		<u> </u>		01082007	No Chg-P C	R2E034 (11/05)
	OO NOT WRITE	EIN THIS SPA	CE	4. FEI Numb 59-369		Applied For Not Applicable
		and the second of		5. Certificate	of Status Desired	\$8.75 Additional Fee Regulated
	6. Name and Address of Curren	t Registered Agent		1	April 10 miles in the State of	. The second
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8 The above	a named entity submits this statement	for the number of changing its regist.	ared office or registe	red agent, or bo	who in the State of Florida	Lam familiar with and accept
the obligated SIGNATURE	Signature, typed or printed name of registered ager	nt and little if applicable. (NOTE: Registe	rred Agant algnature require	d when reinstating)		DATE
FIL After M	E NOWill FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaign Fin. Trust Fund Contribution		.00 May Be ded to Fees	00000058;   01/11/07-806	2807 046-024 150.00
10.	OFFICERS AN	D DIRECTORS .		ing the same	A Company of the Comp	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JOSEPH M 3333 W. KENNEDY BLVD SUITAMPA, FL 33609	ITE 102		an all a second and a second an	g fan stepper op de steppe La stepper op de stepper o	A STAN AND THE STA
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12. I nereby certify that the information supplied with this filling 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 received or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or on an attachment with an address, without like empowered.

SIGNATURE: \_\_\_\_

NAME STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OI OS OI

812-870-304

Daytime Phone #