


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90103 022 ***150.00

DOCUMENT # P01000075405 1. Entity Name CAROLYN N. KETCHEL, P.A.					
Principal Place of Business 13 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579			Mailing Address 13 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 7			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Shalimar, FL			
Zip	Country	Zip 32579	Country USA	4. FEI Number 59-3738126	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KETCHEL, TERRANCE R 13 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579			7. Name and Address of New Registered Agent Name Carolyn N. Ketchel Street Address (P.O. Box Number is Not Acceptable) 13 Lake Lorraine Circle City Shalimar FL Zip Code 32579		
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><i>Carolyn N. Ketchel</i></u> 10 March 07 <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 KETCHEL, CAROLYN N 13 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Carolyn N. Ketchel</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			10 March 07 866-68-1123 <small>Date Daytime Phone #</small>		