2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000104156

1. Entity Name VICKIE J. HUMPHREY, P.A.



FILED Feb 26, 2007 08:00 AM **Secretary of State**

CR2E034 (11/05)

Fee Required

Principal Place of Business

3600 E GULF-TO-LAKE HWY INVERNESS, FL 34453

Mailing Address

3600 E GULF-TO-LAKE HWY INVERNESS, FL 34453



DO NOT WRITE IN THIS SPACE

02222007 110 Ging 1	01,2200 (
4. FEI Number		Applied For	
59-3753616		Not Applicable	
5 One of the state	S8.75 Additional		

6. Name and Address of Current Registered Agent

HUMPHREY, VICKIE J 3600 E GULF-TO-LAKE HWY INVERNESS, FL 34453

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No Cha-P

5. Certificate of Status Desired

02222007

θ	The above named entity submits this statement for the purpose of changing	g its registered office or registere	d agent, or both, in the State of Florida	. I am familiar with, and accept
	the obligations of registered agent.			
	- · · ·	,	H00000649	71A

SIGNATURE. Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstaling)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME CTREET LOOPERS	HUMPHREY, VICKIE J
STREET ADDRESS	3600 E GULF-TO-LAKE HWY
ÇITY-ST-ZIP	INVERNESS, FL 34453
TITLE	DVP
NAME	SULLIVAN, SUSAN A
STREET ADDRESS	7708 E ALLEN DRIVE
, CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
'-CITY-ST-ZIP	
TITLE	
NAME	
-STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

PRESIDENT

1341-3449