## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## May 04, 2007 8:00 am Secretary of State DOCUMENT # P.03000016721 1. Entity Name 05-04-2007 90075 001 \*\*\*158.75 DISABILITY ADVOCATES, INC. Principal Place of Business Mailing Address 16027 TORTUGA STREET BOKEELIA FL 33922 P.O. BOX 804 **BOKEELIA FL 33922** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For FEI Number 59-3766245 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIANE N. RUTLEDGE DANIELS, THERESA A CLA Street Address (P.O. Box Number is Not Acceptable) 16027 TORTUGA STREET **BOKEELIA FL 33922** City FORT MYERS 3<sup>7</sup>39905 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President 11215 ☐ Delete TILLE Change ■ Addition DANIELS, THERESA A CLA RUTLEDGE, DIANE N 12310 Davis Ct NAME NAME 16027 TORTUGA STREET STREET ADDRESS STREET ADDRESS **BOKEELIA FL 33922** Ft Myers FL 33905 CITY - ST-ZIP CITY - S1 - ZIP VP ☐ Delete DITE RUTLEDGE, DANIEL L X Change Addition DANIELS, GARY D 12310 Davis Ct NAME 16027 TORTUGA STREET STREET ADDRESS STREET ADDRESS Ft Myers FLBOKEELIA FL 33922 CITY-ST-ZIP CITY-SI-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-SI-ZIP CITY - ST-ZIP ☐ Delete THE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete DILE ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY - ST - ZIP TITLE ☐ Delele ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Date

Daytime Ptione #