2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000062682

1. Entity Name

DAVÍD J. FLETCHER, P.A.



FILED
Apr 05, 2007 08:00 Al
Secretary of State

41-388-1175

Principal Place of Business

OI DOSIGESS

9803 OLD HYDE PARK PL BRADENTON, FL 34202 Mailing Address

9803 OLD HYDE PARK PL BRADENTON, FL 34202



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01302007 No Chg-P CR2E034 (11/05)

4. FEI Number		Applied For
83-0360362	 	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST FLETCHER, DAVID J 4507 50TH DRIVE W BRADENTON, FL 34210				U00000690365	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				04/11/07-80073-019 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS						
CITY-ST-ZIP	certify that the information supplied with this fi	ing does not qualify for the eye	motions con	stained in Chapter 11	9 Florida Statutes I further certify that the information	
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.						