

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90002 014 ***150.00

DOCUMENT # P03000096998 1. Entity Name DALTON & CARPENTER, P.A.					
Principal Place of Business 130 HILLCREST ST ORLANDO, FL 32801			Mailing Address 130 HILLCREST ST ORLANDO, FL 32801		
2. Principal Place of Business 720 RUGBY STREET Suite, Apt. #, etc. 200		3. Mailing Address P.O. Box 540116 Suite, Apt. #, etc.			
City & State Orlando, FL Zip 32804		City & State Orlando, FL Zip 32854-0116		Country USA	
4. FEI Number 55-0846584				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARPENTER, DARRELL F 130 HILLCREST ST ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 720 RUGBY STREET SUITE 200 City ORLANDO State FL Zip Code 32804		
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: <small>(Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	DP CARPENTER, DARRELL F 130 HILLCREST ST ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DALTON, ROY B 130 HILLCREST ST ORLANDO, FL 32801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/11/05 Daytime Phone #: 407-243-8720					