2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # P03000101668 1. Entity Name DAN CHRISTOPHERSON, P.A. Principal Place of Business Mailing Address 125 TREVISO COURT 125 TREVISO COURT NORTH VENICE, FL 34275 NORTH VENICE, FL 34275 US No Chg-P 02022007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0228805 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BETTERTON, GREG A DO NOT WRITE 981 RIDGEWOOD AVENUE SUITE 101 IN THIS SPACE VENICE, FL 34285 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 bite if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CHRISTOPHERSON, DAN 125 TREVISO COURT STREET ADDRESS CITY-ST-ZIP NORTH VENICE, FL 34275 TITLE U00000684184 NAME 04/06/07-80022-021 150.do STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of 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: 🔀

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

MATURE AND TYPED ON PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

3/29/07

941-488-4233 Daytine Phone #

FILED