

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90093 046 \*\*\*150.00

<b>DOCUMENT # P03000121722</b>					
<b>1. Entity Name</b> DORA IVETTE CAMPBELL, P.A.					
<b>Principal Place of Business</b> 5800 SW 43RD PLACE OCALA, FL 34474			<b>Mailing Address</b> 5800 SW 43RD PLACE OCALA, FL 34474		
<b>2. Principal Place of Business - No P.O. Box #</b> 5476 SW 41 <sup>st</sup> Street Suite, Apt. #, etc.		<b>3. Mailing Address</b> 5476 SW 41 <sup>st</sup> Street Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		01272007    Chg-P    CR2E034 (12/06)	
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 81-0637207	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> CAMPBELL, DORA I 5800 SW 43RD PLACE OCALA, FL 34474			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 5476 SW 41 <sup>st</sup> Street City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE: <i>Dora Campbell</i> (NOTE: Registered Agent signature required when reinstating)    DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PV CAMPBELL, DORA I 5800 SW 43RD PLACE OCALA, FL 34474 <input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	5476 SW 41 <sup>st</sup> Street <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <i>Dora Campbell</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/30/07 Date    Daytime Phone #		