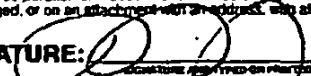


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FILED
Jun 10, 2005 8:00 am
Secretary of State

05-04-2005 90101 024 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000012724		
1. Entity Name DANA EARLE MCPHERSON, P.A.		
Principal Place of Business 625 N FLAGLER DR STE 507 WEST PALM BCH, FL 33401		Mailing Address 625 N FLAGLER DR STE 507 WEST PALM BCH, FL 33401
2. Principal Place of Business 167 South Sewalls Pt Rd Suite, Apt. #, etc.		3. Mailing Address 167 South Sewalls Pt Rd Suite, Apt. #, etc.
City & State Stuart, FL		City & State Stuart, FL
Zip 34996	Country USA	Zip 34996
4. FEI Number 52-2398142		Applied For ☐ Not Applicable
5. Certificate of Status Depled ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MCPHERSON, DANA EARLE 625 N FLAGLER DR STE 507 WEST PALM BCH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 167 South Sewalls Pt Rd City Stuart, FL Zip Code 34996
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 who fills in application. (NOTE: Registered Agent signature required when submitting) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCPHERSON, DANA EARLE 625 N FLAGLER DR STE 507 WEST PALM BCH, FL 33401 ☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☒ Change ☐ Addition 167 South Sewalls Pt Rd Stuart, FL 34996
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 687, 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 fee empowered.		
SIGNATURE:  _____ Signature, typed or printed name of signing officer or director		4/29/05 772-286-1398 Date Register Phone #