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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.

660224330

Principal Place of Business	Mailing Address
625 N FLAGLER DR STE 507 WEST PALM BCH, FL 33401	625 N FLAGLER DR STE 507 WEST PALM BCH, FL 33401

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
167 South Sewalls Pt Rd	167 South Sewalls Pt Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34996 Country: USA	Zip: 34996 Country: USA

4. FEI Number 52-2398142 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCPHERSON, DANA EARLE 625 N FLAGLER DR STE 507 WEST PALM BCH, FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 167 South Sewalls Pt Rd Stuart, FL 34996
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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] 4/29/05 772-286-1398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #