


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90095 003 ***150.00

DOCUMENT # P04000027252	
1. Entity Name DONNA S. HAMBY, P.A.	

Principal Place of Business 631 PALM SPRINGS DR STE 115 ALTAMONTE SPRINGS, FL 32701	Mailing Address 631 PALM SPRINGS DR STE 115 ALTAMONTE SPRINGS, FL 32701
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2. Principal Place of Business, No P.O. Box # 2804 Overlake Ave.	3. Mailing Address 2804 Overlake Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

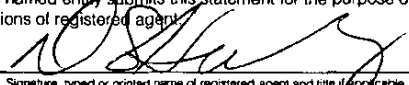
City & State Orlando, FL	City & State Orlando, FL
Zip 32806	Zip 32806
Country	Country

40108000



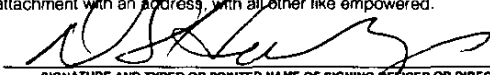
05052007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent HAMBY, DONNA S 631 PALM SPRINGS DR STE 115 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name Donna S. Hamby Street Address (P.O. Box Number is Not Acceptable) 2804 Overlake Ave. City Orlando FL Zip Code 32806
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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 title if applicable.	DATE 5-5-07 DATE

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMBY, DONNA S 631 PALM SPRINGS SR STE 115 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2804 Overlake Ave. Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 5-5-07 Date Daytime Phone # 407-854-3532

ATTACHMENT

DONNA S. HAMBY, P.A.

ATTORNEY AT LAW

40108898

#P04000027252

631 PALM SPRINGS DRIVE, SUITE 115
ALTAMONTE SPRINGS, FL 32701

PHONE (407) 830-7220
FAX (407) 830-4391

May 5, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

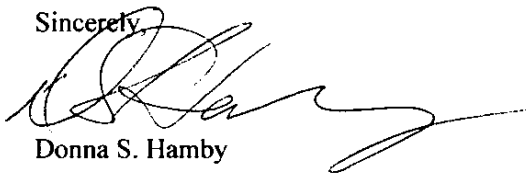
Re: Annual Filing for Donna S. Hamby, P.A.

To Whom It May Concern:

Please find enclosed the annual report filing for the above-referenced corporation. I spoke with a representative yesterday from the Division of Corporations who informed me that I could still pay the \$150.00 filing fee, without the \$400.00 penalty, so please find enclosed my Check No. 1221 in the amount of \$150.00 for the annual fee.

Thank you for your handling of this matter, including the updating of my corporate information.

Sincerely,



Donna S. Hamby

Enclosures