

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90004 013 ***150.00

DOCUMENT # P04000031611

1. Entity Name

THE LAW OFFICES OF JOSEPH K. BIRCH, P.A.



Principal Place of Business

37 N ORANGE AVE
SUITE 500
ORLANDO, FL 32801

Mailing Address

PO BOX 2646
ORLANDO, FL 32802

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

37 N. Orange Ave.
Ste. 500

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Zip

Country

32801 U.S.

09132007

Chg-P

CR2E034 (12/06)

4. FEI Number

57-1197282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRCH, JOSEPH K
37 N ORANGE AVE
SUITE 500
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when retransferring)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME BIRCH, JOSEPH K
STREET ADDRESS 37 N ORANGE AVE., SUITE 500
CITY-ST-ZIP ORLANDO, FL 32801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 use empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09-12-07 407/898-7877