
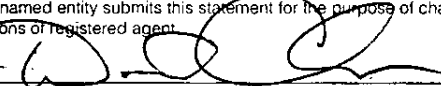
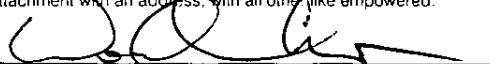


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90008 037 \*\*\*150.00

<b>DOCUMENT # P04000064058</b> 1. Entity Name DONALD CHARRON, P.A.					
Principal Place of Business 13580 TRADITIONS DR. SEMINOLE, FL 33776 US			Mailing Address 13580 TRADITIONS DR. SEMINOLE, FL 33776 US		
2. Principal Place of Business - No P.O. Box # <b>107 WALL STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>107 WALL STREET</b> Suite, Apt. #, etc.			
City & State <b>REDINGTON SHORES, FL</b> Zip <b>33708</b>		City & State <b>REDINGTON SHORES, FL</b> Zip <b>33708</b>		4. FEI Number 20-1022383 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02152007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  CHARRON, DONALD W 13580 TRADITIONS DR. SEMINOLE, FL 33776			7. Name and Address of New Registered Agent Name <b>CHARRON, DONALD W.</b> Street Address (P.O. Box Number is Not Acceptable) <b>107 WALL STREET</b> City <b>REDINGTON SHORES FL</b> Zip Code <b>33708</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. SIGNATURE  <b>DONALD CHARRON</b> DATE <b>2-19-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARRON, DONALD W 13580 TRADITIONS DR. SEMINOLE, FL 33776	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARRON, DONALD W. 107 WALL STREET REDINGTON SHORES, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARRON, MARGARET M 13580 TRADITIONS DR. SEMINOLE, FL 33776	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARRON, MARGARET M 107 WALL STREET REDINGTON SHORES, FL 33708
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	
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:  <b>PRES. DONALD W. CHARRON</b> DATE <b>2-19-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					