

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000076303

1. Entity Name
LINNEA DAVELLA, P.A.



Principal Place of Business
1550 TAWNYBERRY COURT
NEW PORT RICHEY, FL 34655

Mailing Address
1550 TAWNYBERRY COURT
NEW PORT RICHEY, FL 34655

**FILED
May 04, 2007 08:00 AM
Secretary of State**



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1067955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVELLA, LINNEA M
1550 TAWNYBERRY COURT
NEW PORT RICHEY, FL 34655

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME DAVELLA, LINNEA M
STREET ADDRESS 1550 TAWNYBERRY COURT
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

000000760659
05/25/07-80023-004 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

5-1-07

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**