

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90418 009 \*\*\*150.00

DOCUMENT # P04000129247

1. Entity Name  
LAN Q. O'DONNELL, O.D., P.A.



Principal Place of Business  
870 MACK BAYOU ROAD  
SUITE B  
SANTA ROSA BEACH, FL 32459

Mailing Address  
870 MACK BAYOU ROAD  
SUITE B  
SANTA ROSA BEACH, FL 32459

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04262007

Chg-P

CR2E034 (12/06)

4. FEI Number  
20-1607597

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'DONNELL, LAN Q  
102 OAKSHORES DR  
NICEVILLE, FL 32578

Name  
New Address

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

469 TURQUOISE BEACH DRIVE

City  
SANTA ROSA BEACH FL Zip Code  
32459

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 *J. O'Donnell*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/07

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
O'DONNELL, LAN Q  
102 OAKSHORES DR  
NICEVILLE, FL 32578 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
New Address: ☒ Change ☐ Addition  
Same 469 TURQUOISE BEACH DRIVE  
SANTA ROSA BEACH, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
O'DONNELL, MICHAEL T  
102 OAKSHORES DR  
NICEVILLE, FL 32578 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Same 469 TURQUOISE BEACH DRIVE  
SANTA ROSA BEACH, FL 32459 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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 another line empowered.

SIGNATURE:

*J. O'Donnell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07

Date

850-622-4000  
850-622-5888

Daytime Phone #