

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000163674 1. Entity Name KATHERINE M. SMAHA, P.A.					
Principal Place of Business 102 NE 10TH AVE BOX 12 GAINESVILLE FL 32601			Mailing Address 102 NE 10TH AVE BOX 12 GAINESVILLE FL 32601		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 51-0530652	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SMAHA, KATHERINE M 102 NE 10TH AVE BOX 12 GAINESVILLE FL 32601				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	D SMAHA, KATHERINE M 102 NE 10TH AVE BOX 12 GAINESVILLE FL 32601 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Katherine M. Smaha **1/26/07** **352-378-177**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #