## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000167024**

1. Entity Name

DIONE ADAIR COLLIER-LARKIN, P.A.



Principal Place of Business

Mailing Address

204 TEMPLE AVENUE FERN PARK, FL 32730 U 204 TEMPLE AVENUE FERN PARK, FL 32730 US FILED Apr 11, 2007 08:00 A Secretary of State



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01252007 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHASE, DAMON A ESQ 250 INTERNATIONAL PKWY, STE 250 LAKE MARY, FL 32746

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|   |   |   | ************************************** |                                |   | 1   |
|---|---|---|--|--------------------------------|---|-----|
|   | ove named entity submits this statement for the p<br>gations of registered agent. | urpose of changing its registe                    | red office or i                        | egistered agent, or both       | h, in the State of Florida. I am familiar with, and accep | ρt  |
| SIGNATUR  | Signature, typed or printed name of registered agent and title i                  | applicable (NOTE Register                         | ed Agent signatur                      | e required when reinstating)   | DATE  |     |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 |   | Election Campaign Fina<br>Trust Fund Contribution |  | \$5.00 May Be<br>Added to Fees |   |     |
| 10.   | OFFICERS AND DIREC  | TORS  | _                                      |                                |   |     |
| TITLE   | Р   |   |  |                                |   |     |
| NAME  | LARKIN, DIONE   |   | , so ;                                 |                                | A March Commencer of Michigan                             | s • |

STREET ADDRESS 204 TEMPLE AVENUE CITY-ST-ZIP FERN PARK, FL 32730 TITLE LARKIN, DIONE NAME STREET ADDRESS 204 TEMPLE AVENUE FERN PARK, FL 32730 CITY-ST-ZIP TITLE LARKIN, DIONE NAME 204 TEMPLE AVENUE STREET ADDRESS FERN PARK, FL 32730 CITY-ST-ZIP TITLE NAME LARKIN, DIONE 204 TEMPLE AVENUE STREET ADDRESS FERN PARK, FL 32730 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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: A CONTACT 1                                 | nione colle | C-LA | 444  | ' 4/10/l | 57407438 Oc.    | <u>ה</u> |
|--|-------------|------|------|----------|-----------------|----------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER | OR DIRECTOR |      | Date |          | Daytime Phone # |          |