


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90022 021 \*\*\*150.00

**DOCUMENT # P04000170128**

1. Entity Name  
**VIOLET LIND, P.A.**



Principal Place of Business <b>18 CLASSIC COURT S.          PALM COAST, FL 32137</b>	Mailing Address <b>18 CLASSIC COURT S.          PALM COAST, FL 32137</b>
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04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2032698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LIND, VIOLET E  
 18 CLASSIC COURT S.  
 PALM COAST, FL 32137**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	P LIND, VIOLET E 18 CLASSIC COURT S. PALM COAST, FL 32137
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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: Violet Lind      4/29/07      3862466890  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytona Phone #