

**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P05000000998 1. Entity Name DONALD J. ELLIOTT, P.A. |  |
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| Principal Place of Business 1731 LAKE CLAY DRIVE LAKE PLACID, FL 33852 | Mailing Address 1731 LAKE CLAY DRIVE LAKE PLACID, FL 33852 |
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01232007 No Chg-P CR2E034 (11/05)

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|---|--------------------------------|
| 4. FEI Number 43-2076222 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ELLIOTT, DONALD J
1731 LAKE CLAY DRIVE
LAKE PLACID, FL 33852

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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: Donald J Elliott DATE: 1/23/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P ELLIOTT, DONALD J 1731 LAKE CLAY DRIVE LAKE PLACID, FL 33852 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ELLIOTT, MATT K 1731 LAKE CLAY DRIVE LAKE PLACID, FL 33852 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GARCIA, DONNA K 1291 S.W. 86TH AVENUE OKEECHOBEE, FL 34974 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DAVIS, HEIDI H 1708 PINETOP TERRACE LAKE PLACID, FL 33852 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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01/23/07-80009-016 150.00

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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: Donald J Elliott DATE: 1/23/07 (863) 441-9367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #