




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90456 007 \*\*\*150.00

<b>DOCUMENT # P05000003112</b> 1. Entity Name <b>RACHEL A. DORRIAN, P.A.</b>			
Principal Place of Business <b>3527 BAY ISLAND CIRCLE JACKSONVILLE, FL 32250</b>		Mailing Address <b>3527 BAY ISLAND CIRCLE JACKSONVILLE, FL 32250</b>	
2. Principal Place of Business - No P.O. Box # <b>701 Valley Forge Rd N</b> Suite, Apt. #, etc.		3. Mailing Address <b>701 Valley Forge Rd N</b> Suite, Apt. #, etc.	
City & State <b>Neptune Bch FL</b> Zip <b>32266</b>		City & State <b>Neptune Bch FL</b> Zip <b>32266</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-2127630</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  <b>DORRIAN, RACHEL A 3527 BAY ISLAND CIRCLE JACKSONVILLE, FL 32250</b>		7. Name and Address of New Registered Agent Name <b>DORRIAN, Rachel A</b> Street Address (P.O. Box Number is Not Acceptable) <b>701 Valley Forge Rd N</b> City <b>Neptune Bch FL</b> Zip Code <b>32266</b>	
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:  <b>Rachel A Dorrian</b> <b>4/26/07</b> <small>(NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST <input type="checkbox"/> Delete <b>DORRIAN, RACHEL A 3527 BAY ISLAND CIRCLE JACKSONVILLE, FL 32250</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DORRIAN, Rachel A</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>701 Valley Forge Rd N Neptune Bch, FL 32266</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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:  <b>Rachel A. Dorrian</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/26/07</b> Daytime Phone # <b>904 662-2003</b>	

40091420



04172007 Chg-P CR2E034 (12/06)