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Jun 08, 2007 8:00 am
Secretary of State

05-22-2007 90017 023 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000064516

1. Entity Name

DARLA R. LLOYD, P.A.

1st MOORE CR2E034 (10/06)

Principal Place of Business: ~~5917 TARPON GARDENS CIRCLE #102~~ CAPE CORAL FL 33914

Mailing Address: ~~5917 TARPON GARDENS CIRCLE #102~~ CAPE CORAL FL 33914

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
6081 Silver King Blvd	6081 Silver King Blvd
Suite, Apt. #, etc. 706	Suite, Apt. #, etc. 706
City & State Cape Coral	City & State Cape Coral FL
Zip 33914 Country Lee	Zip 33914 Country Lee

4. FEI Number 20-2855569 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LLOYD, DARLA R
5917 TARPON GARDENS CIRCLE #102
CAPE CORAL FL 33914

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 Darla Rae Lloyd
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LLOYD, DARLA R 5917 TARPON GARDENS CIR, # 102 CAPE CORAL FL 33914 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lloyd, Darla R 6081 Silver King Blvd, # 706 Cape Coral, FL. 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Darla R Lloyd PA 6/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #