


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90037 006 ***150.00

DOCUMENT # P05000087578	
1. Entity Name DAWN R. LATHAM, P.A., ATTORNEY AT LAW	

Principal Place of Business 2398 SADLER ROAD SUITE 5 FERNANDINA BEACH FL 32034 US	Mailing Address 2398 SADLER ROAD SUITE 5 FERNANDINA BEACH FL 32034 US
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2. Principal Place of Business - No P.O. Box # 2398 Sadler Road	3. Mailing Address Same
Suite, Apt. #, etc. Suite 5	Suite, Apt. #, etc.
City & State Fernandina Beach, FL	City & State
Zip 32034	Country USA

1st MOORE CR2E034 (10/06)

4. FEI Number 20-3095844		Applied For <input type="checkbox"/> Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required														
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="4"> LATHAM, MARGARET D 2398 SADLER ROAD SUITE 5 FERNANDINA BEACH FL 32034 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td colspan="2"> FL Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		LATHAM, MARGARET D 2398 SADLER ROAD SUITE 5 FERNANDINA BEACH FL 32034		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent														
LATHAM, MARGARET D 2398 SADLER ROAD SUITE 5 FERNANDINA BEACH FL 32034		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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P LATHAM, MARGARET D <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP	2810 LAGUNA DRIVE FERNANDINA BEACH FL 32034	STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	

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: Margaret D. Latham Margaret D. Latham 4-3-2007 904-261-7136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #