

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000087578

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



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

04-12-2007 90037 006 ***150.00



1st MOORE CR2E034 (10/06)

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	
2. Principal Place of Business - No P.O. Box # 2398 Sadler Road Suite, Apt. #, etc. Suite 5		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Fernandina Beach, Fl		City & State	
Zip 32034	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LATHAM, MARGARET D 2398 SADLER ROAD SUITE 5 FERNANDINA BEACH FL 32034			
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

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	P <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	LATHAM, MARGARET D 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
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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 904-261-7134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #