

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-23-2007 90022 019 ***150.00

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DOCUMENT # P05000099625 1. Entity Name THE OLD HOUSE DOCTOR, INC			
Principal Place of Business 3330 ELSIE COURT JACKSONVILLE FL 32226		Mailing Address 3330 ELSIE COURT JACKSONVILLE FL 32226	
3330 ELSIE CT 2. Principal Place of Business - No P.O. Box #		JACKSONVILLE FL 3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
JACKSONVILLE FL City & State		JACKSONVILLE FL City & State	
32226 Zip		FL Country	
4. FEI Number 25-1921168		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACKERMAN, RICHARD C SR 3330 ELSIE COURT JACKSONVILLE FL 32226		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 Richard C Ackerman DATE 3/17/07 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)			
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 ACKERMAN, RICHARD C SR 3330 ELSIE COURT JACKSONVILLE FL 32226	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
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: Richard C Ackerman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/30/07 Date	