


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90069 034 \*\*\*150.00

<b>DOCUMENT # P05000105073</b> 1. Entity Name <b>VICKI L HITCH PA</b>			
Principal Place of Business 16350 BAYPOINTE BLVD UNIT G102 N FT MYERS, FL 33917		Mailing Address 16350 BAYPOINTE BLVD UNIT G102 N FT MYERS, FL 33917	
2. Principal Place of Business - No P.O. Box # <b>746 Park Hill Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>746 Park Hill Ave</b> Suite, Apt. #, etc.	
City & State <b>Lakeland, FL</b> Zip <b>33801</b> Country <b>USA</b>		City & State <b>Lakeland, FL</b> Zip <b>33801</b> Country <b>USA</b>	
4. FEI Number <b>20-3217811</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>HITCH, VICKI L</b> <b>16350 BAYPOINTE BLVD</b> <b>UNIT G102</b> <b>N FT MYERS, FL 33917</b>		7. Name and Address of New Registered Agent Name <b>Vicki L. Hitch</b> Street Address (P.O. Box Number is Not Acceptable) <b>746 Park Hill Ave</b> <del>Lake</del> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33801</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: <u><i>Vicki L. Hitch</i></u> DATE: <u>5/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HITCH, VICKI L 16350 BAYPOINTE BLVD UNIT G102 N FT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Hitch, Vicki L 746 Park Hill Ave Lakeland, FL 33801
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
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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 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: <u><i>Vicki L. Hitch</i></u>		Date: <u>5/03/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	