## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Sep 13, 2007 8:00 am Secretary of State DOCUMENT # P06000000637 09-13-2007 90001 008 \*\*\*150.00 TIMOTHY J DORTON, INC Mailing Address Principal Place of Business 50001793 650 N. FIRWOOD DR 650 N. FIRWOOD DR DELTONA, FL 32725 US DELTONA, FL 32725 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08302007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 20-4036541 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORTON, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 650 N. FIRWOOD DR DELTONA, FL 32725 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P.TS TITLE ☐ Change Addition TITLE ☐ Delete DORTON, TIMOTHY J NAME NAME 650 N. FIRWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA, FL 32725 ☐ Delete TITLE ☐ Change ■ Addition TITLE DORTON, PENNY M NAME NAME 650 N. FIRWOOD DR STREET ADDRESS STREET ADDRESS DELTO1 - FL 32725 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

TIMOTIFY J DORYON

FILED