



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90042 041 ***150.00

DOCUMENT # P06000004315 1. Entity Name VICKI BRAY FAGAN, P.A.																													
Principal Place of Business 1765 ROYAL FERN LANE ORANGE PARK, FL 32003 US			Mailing Address 1765 ROYAL FERN LANE ORANGE PARK, FL 32003 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		4. FEI Number 20-4094742 Applied For <input type="checkbox"/> Not Applicable																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BRAY-FAGAN, VICKI 1765 ROYAL FERN LANE ORANGE PARK, FL 32003				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME BRAY-FAGAN, VICKI</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> <td colspan="2">1765 ROYAL FERN LANE</td> </tr> <tr> <td colspan="2">CITY-ST-ZIP</td> <td colspan="2">ORANGE PARK, FL 32003</td> </tr> </table>			TITLE	P	NAME BRAY-FAGAN, VICKI	Delete <input type="checkbox"/>	STREET ADDRESS		1765 ROYAL FERN LANE		CITY-ST-ZIP		ORANGE PARK, FL 32003		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P, S, T</td> <td style="width:40%;">NAME</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td colspan="2">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>			TITLE	P, S, T	NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
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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: <i>Vicki Bray Fagan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-29-07 Daytime Phone # 904-333-3959																									
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