

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JAN 22 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000006750			
1. Entity Name DRESSLER & HAYNIE, P.A.			
Principal Place of Business 3259 FLAMNIGO BLVD HERNANDO BEACH, FL 34607		Mailing Address 3259 FLAMNIGO BLVD HERNANDO BEACH, FL 34607	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4115684		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRESSLER, CRYSTAL 3259 FLAMNIGO BLVD HERNANDO BEACH, FL 34607		7. Name and Address of New Registered Agent Name ARNOLD, CRYSTAL Street Address (P.O. Box Number is Not Acceptable) 3259 FLAMINGO BLVD. City HERNANDO BEACH, FL Zip Code 34607	
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 <i>X</i>		DATE <i>X</i> 1/11/07	
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating)			
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 01/22/07--01037--002 **150.00 200085595752 01/22/07--01037--002 **150.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DRESSLER, CRYSTAL 3259 FLAMNIGO BLVD HERNANDO BEACH, FL 34607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/VP/S/T ARNOLD, CRYSTAL 3259 FLAMINGO BLVD. HERNANDO BEACH, FL 34607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HAYNIE, NANCY 3259 FLAMNIGO BLVD HERNANDO BEACH, FL 34607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>X</i>		CRYSTAL ARNOLD <i>X</i> 1/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	