


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

05-08-2007 90009 008 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P06000150378</b>		
1. Entity Name <b>DYKES EVERETT, P.A.</b>		
Principal Place of Business <b>341 E. WEBSTER AVE. WINTER PARK, FL 32789</b>		Mailing Address <b>341 E. WEBSTER AVE. WINTER PARK, FL 32789</b>
2. Principal Place of Business - No P.O. Box # <b>455 S. Orange Ave</b>		3. Mailing Address <b>P.O. Box 533993</b>
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc.
City & State <b>Orlando, FL</b>		City & State <b>Orlando, FL</b>
Zip <b>32801</b>		Country
Zip <b>32853</b>		Country
4. FEI Number <b>20-8018138</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>EVERETT, DYKES C 341 E. WEBSTER AVE. WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERETT, DYKES C 341 E. WEBSTER AVE. WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this form 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date _____ Daytime Phone # _____		

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