


FILED  
Jul 17, 2007 8:00 am  
Secretary of State

05-14-2007 90083 045 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P06000150533</b>			
1. Entity Name NANCY B. DENNEY, P.A.			
Principal Place of Business 7085B SUNSET DR SOUTH ST PETERSBURG, FL 33707		Mailing Address 7085B SUNSET DR SOUTH ST PETERSBURG, FL 33707	
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 20-800-3835		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 DENNEY, NANCY B 7085B SUNSET DR SOUTH ST PETERSBURG, FL 33707		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DENNEY, NANCY B 7085B SUNSET DR SOUTH ST PETERSBURG, FL 33707 <input 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
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
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
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
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>Nancy B. Denney PA</u>		Date: <u>4/28/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

**ATTACHMENT 66020437**  
**Division of Corporations****Annual Report**[Annual Report Help](#)

Document Number

**P06000150533**

Business Entity Name

**NANCY B. DENNEY, P.A.**

FEI Number

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

**7085B SUNSET DR SOUTH**

Suite, Apt. #, etc.

City, State

**ST PETERSBURG****FL**

Zip Code &amp; Country

**33707****Mailing Address**

Address

**7085B SUNSET DR SOUTH**

Suite, Apt. #, etc.

City, State

**ST PETERSBURG****FL**

Zip Code &amp; Country

**33707****Name and Address of Registered Agent**

Name (Last, First, Middle, Title)

**DENNEY****NANCY****B**

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

**7085B SUNSET DR SOUTH**

Suite, Apt. #, etc.

City, State

**ST PETERSBURG****FL**

Zip Code &amp; Country

**33707****US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

#P06000150 533

entity. an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

Nancy B. Denney, PA

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

**Officer/Director Name and Address**

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	<input type="text" value="D"/>
Name (Last, First, Middle, Title)	<input type="text" value="DENNEY"/> <input type="text" value="NANCY"/> <input type="text" value="B"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text" value="7085B SUNSET DR SOUTH"/>
City, State	<input type="text" value="ST PETERSBURG"/> <input type="text" value="FL"/>
Zip Code & Country	<input type="text" value="33707"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>
Name (Last, First, Middle, Title)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
- OR -	
Entity Name to serve as Officer/Director	<input type="text"/>
Street Address	<input type="text"/>
City, State	<input type="text"/> <input type="text"/>
Zip Code & Country	<input type="text"/> <input type="text"/>
Title	<input type="text"/>

7/7/07

ATTACHMENT

606020437

To whom it may concern.  
#P06000/50533

Enclosed is a letter  
I received from you.  
I think I completed  
the information you  
requested.

If not, please  
contact me again and  
let me know what  
else I need to do.

Kindest regards,

Nancy  
Deaney