## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000000338

1. Entity Name

AMY B. WHITMARSH, C.P.A., P.A.



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

432 W. NEW YORK AVE.

432 W. NEW YORK AVE.

DO NOT WRITE IN THIS SPACE

SUITE A
DELAND. FL 32720

SUITE A DELAND, FL 32720



04302007

No Chg-P

CR2E034 (11/05)

4.	FEI Number							
	59-3158982							

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Addre	88 Of	Current	Reg	letered	Agent

WHITMARSH, AMY B 432 W. NEW YORK AVE. SUITE A

## DO NOT WRITE IN THIS SPACE

DELAND, FL 32720		IN THIS SPACE								
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	e if applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			\$5.00 May Be Added to Fees	Hinningecoc						
10. OFFICERS AND DIRE	CTORS			U00000755595 05/22/07-80107-806 150.,80						
IIILE DP NAME WHITMARSH, AMY B STREET ADDRESS 432 W. NEW YORK AVE. SUITE A CITY-ST-ZIP DELAND, FL 32720		:								
TITLE NAME STREET ADDRESS CITY-ST-ZIP										
NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-S1-21P			IN '	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-2IP										
TITLE NAME STREET ADDRESS										

12. I hereby 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 expowered.

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 381-734-121

Daylime Phone #