## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P94000020170 -

DAVID DOUGHERTY, P.A., CPA



**FILED** Apr 10, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

465 SUMMERHAVEN DR

SUITE D DEBARY, FL 32713

465 SUMMERHAVEN DR SUITE D DEBARY, FL 32713



| DO | NOT | WRITE | IN | THIS | SPACE |
|----|-----|-------|----|------|-------|
|    |     |       |    |      |       |

01092007 CR2E034 (11/05) No Chg-P

Applied For 4. FEI Number Not Applicable 59-3232850 \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, DAVID 403 QUIET MEADOW LN **DEBARY, FL 32713** 

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4-6-5

Daytime Phone #

|   | •   |  | HN                                    | I FIIS SPACE   |  |  |  |
|---|---|--|---------------------------------------|--|--|--|--|
|   |   |  | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
|   | named entity submits this statement for the $\mathfrak g$ ions of registered agent. | ourpose of changing its registere                    | d office or registered agent, or bo   | oth, in the State of Florida. I am familiar with, and accept   |  |  |  |
| SIGNATURE   |   |  |                                       |  |  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00                         | Election Campaign Finan     Trust Fund Contribution. | cing \$5.00 May Be                    |  |  |  |  |
| 10.   | OFFICERS AND DIREC  | CTORS  | .au                                   | The state of the s |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>DOUGHERTY, DAVID<br>403 QUIET MEADOW LANE<br>DEBARY, FL 32713                  |  |                                       | U00000697339<br>04/18/07-80037-011 150.00  |  |  |  |
| TITLE NAME STREET ADDRESS C:TY-ST-ZIP   |   |  | ·                                     | 1011100  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | DO                                    | NOT WRITE  |  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP   |   |  | IN<br>Mark                            | THIS SPACE   |  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  |                                       |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <u> </u>   |                                       |  |  |  |  |
| 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 empowered. |   |  |                                       |  |  |  |  |