2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000057003

1. Entity Name SAWYER, P.A.



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

10369 ORANGEWOOD BLVD ORLANDO, FL 32821 US Mailing Address

10369 ORANGEWOOD BLVD ORLANDO, FL 32821 US

С	O NOT WRITE IN		CE	01082007 4. FEI Numb 59-326 5. Certificate		CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required			
SAWYER, CAROLYN H ESQ 8947 BAY COVE CT. ORLANDO, FL 32819 DO NOT WRITE 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 if applicable. (NOTE: Registered agent and title if applicable. FILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fin. Trust Fund Contribution				\$5.00 May Be Added to Fees					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRECT D MOSS, CARY L 1815 ILLINOIS STREET ORLANDO, FL 32803 O/D SAWYER, CAROLYN H 8947 BAY COVE COURT ORLANDO, FL 32819	CTORS			U000009 01/18/07-8	589214 80007-004 150.00			

DO NOT WRITE IN THIS SPACE

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.

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