2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

ANNUAL REPORT				Jan 18, 200 / 08:00			
DOCU	MENT # P960000000			5	ecretary	of Stat	
1. Entity Name PEYTON LAW FIRM, P.A.						•	
FETTON	LAW FIRM, F.A.						
Principal Plac	e of Business	Mailing Address		1			
7317 LITTLE NEW PORT R	EROAD RICHEY, FL 34654	7317 LITTLE ROAD NEW PORT RICHEY, FL 34654		1,100(100)		III BRIII BBIII BBIII BBIII II III	1 6111100 1 II 1 00 1
r	O NOT WRITE	INI TUIS SDA	r E	01142007	No Chg-P	CR2E034 (11/0	·
 	O NOT WINTE	IN IIIIO OFA		4. FEI Numb 59-335			Applied For Not Applicable
÷					of Status Desired	□ \$8.75 A	dditional
	6. Name and Address of Current Re	paistered Agent		<u></u>		Fee Requ	ired
				*i.			\$1 .s
PEYTON, DONALD R 7317 LITTLE ROAD				DO	NOT W	RITE	6
NEW PORT RICHEY, FL 34654			•	IN '	THIS SE	PACE	

	named entity submits this statement for ti	he purpose of changing its register	d office or register	ed agent, or bo	oth, in the State of Fi	orida. I am familiar wi	h, and accept
•	nons or registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	d Agent signature required	when reinstating)	Honopo	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees			50.00
10.	· OFFICERS AND D	RECTORS		387 4.4	The Part of the		1 1
TITLE NAME	D PEYTON, DONALD R				1996	24. ")	
STREET ADDRESS	7317 LITTLE ROAD			*			. 3 "44)
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	,				•	
TITLE NAME							
STREET ADDRESS						ė•	
CITY-ST-ZIP							
TITLE NAME						og Alaba	
STREET ADDRESS				DO	NOT W	/RITE	
CITY-ST-ZIP							
TITLE NAME				IN	THIS SI	ACE	1
STREET ADDRESS				•		*4	
CITY+ST-ZIP TITLE		- · · · · · · · · · · · · · · · · · · ·		a l		P. Shark	
NAME				er di			
STREET ADDRESS				• • • •	The second		3.4
CITY-ST-ZIP	1		I				

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRECTOR

1-15-07

727-848-5797

Daytime F