


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P96000028906 1. Entity Name DAVIS & KIRSTE, P.A.		
Principal Place of Business 803 EAST DIXIE AVENUE LEESBURG, FL 34748	Mailing Address 803 EAST DIXIE AVENUE LEESBURG, FL 34748	



07162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3370071	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**DAVIS, HUGH A II
803 EAST DIXIE AVENUE
LEESBURG, FL 34748**

**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 signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, HUGH A II 803 EAST DIXIE AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRSTE, M. MEREDITH 803 EAST DIXIE AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAHAB, SAMI J 803 EAST DIXIE AVENUE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000769315
07/18/07-80001-007 150.00

**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 authority empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/07

Date

352 326-3455

Daytime Phone #