


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90011 046 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P96000067887 1. Entity Name D W D OF VALRICO, INC. | | | |  | |
| Principal Place of Business 7911 S DALE MARY 2701 W. Kennedy TAMPA, FL 33629 Tampa Fl. 33609 | | | | Mailing Address 750 WEST LUMSDEN LA VIVA PROFESSIONAL CENTER BRANDON, FL 33511 | |
| 2. Principal Place of Business - No P.O. Box # 2701 W. Kennedy Blvd. | | | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Tampa FL | | | | City & State Brandon FL | |
| Zip 33609 | | | | Zip 33511 | |
| Country Hillsborough | | | | Country FL | |
| 4. FEI Number 59-3397288 | | | | 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 CURRY, CLIFTON C JR E 750 W LUMSDEN BRANDON, FL 33511 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DONOHO, DAVID 750 WEST LUMSDEN BRANDON, FL 33511 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: <u>David W. Donoho</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 2-12-07 813-259-1142 Date Daytime Phone # | |

40025943



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