2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2007 8:00 am Secretary of State

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DOCUMENT # P97000053775 1. Entity Name THOMAS H. WARLICK, P.A.				I .	0045 041 ***150.00	
Principal Plac	e of Business	Mailing Address		060000	ស ម ា	
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316E PINE ST 316 EAST PINE ST			ше			
ORLANDO, FL 32801 US ORLANDO, FL 32801 US			02			
					1701 11110 1411 (BOS) INBOL THINDS IL 1811	
O Directed Class of Buriana No. O.O. Buriana Addison A						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address			1. 11.11		/ 	
100 Golden Ba, Blid 100 Golden B		Day DIVA				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	I I	01122007 Chg-P	CR2E034 (12/06)	
City & Stat	e ₁ (1) /	City & Staye/	61	4. FEI Number	Applied For	
OHK	Hill th	OHK HILL	$r_{\mathcal{L}}$	59-2227199	Not Applicable	
_Zip	Country	700	Country	5. Certificate of Status Desired	☐ \$8.75 Additional	
1,3275	9	137754		5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Reg	istered Agent	
Name Name			Name			
WARLICK, THOMAS H						
316 E PINE ST			Street Address	Street Address (P.O.)Box Number is Not Acceptable)		
ORLANDO, FL 32801			100 0	DICIENO ISONE BIX	3/	
				()		
			City	:1 11	Zin Gade	
	:		- 1 ~~ C>AK	<i>[fi]]</i>	FL [49237359]	
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or registe	ered agent, or both, in the State of Florid	la. I am familiar with, and accept	
the obligat	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if analisable (NOTE: B	egistered Agent signature require	ad whon reinstation)	DATE	
	signature, typed or primed harne or registered agent a	no me ir appacable. (1401E. H	egistereo Agent signature require	so when reinstating)	DATE	
			5.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 11	
TITLE	DPST	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	WARLICK, THOMAS H	_ 54,415	NAME		<u> </u>	
STREET ADDRESS	316 E PINE ST		STREET ADORESS			
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP			
					Change Addition	
TITLE		☐ Defete	TITLE		☐ Change ☐ Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
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CITY-ST-ZIP -			CITY-ST-ZIP		j	
TITLE		☐ Delete	TITLE	-	Change Addition	
NAME		Doigle	NAME			
STREET ADDRESS			STREET ADDRESS			
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			-		Charte Clades	
TITLE	!	☐ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	1		CITY-ST-ZIP			
			0111 01 211			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
TITLE NAME		☐ Delete			☐ Change ☐ Addition	
l	_	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	contribution to the information substitute.		TITLE NAME STREET ADDRESS CITY-SI-ZIP	ed in Chapter 119, Florida Statutes. I fu	- · ·	

2. I hereby certify that the information subplied with this filing does not quality for the exemptions contained in Chapter 19, Florida Statutes, 1 furtier certify that the information indicated on this report or suppliements, report in the and acceptance 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 trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Hwarlick 1/12/07

386-345-2536