

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P98000020276

1. Entity Name

DONNA L. BLAIR LCSW, P.A.



Principal Place of Business

**221 DUNE DRIVE
SANTA ROSA BEACH FL 32459**

Mailing Address

**PO BOX 1642
SANTA ROSA BEACH FL 32459**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3509929**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAIR, DONNA L
221 DUNE DRIVE
SANTA ROSA BEACH FL 32459**

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

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BLAIR, DONNA L**
CITY- ST- ZIP **221 DUNE DR
SANTA ROSA BCH FL 32459**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U00000668440**
CITY- ST- ZIP **03/27/07-80030-018 150.00**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MOORE, ROBIN**
CITY- ST- ZIP **14611 CECIL DRIVE
LITTLE ROCK AK 72223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **OTT, SUSAN**
CITY- ST- ZIP **605 RIVER CHASE POINT
ATLANTA GA 30325**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PRICE, AMARYLLIS**
CITY- ST- ZIP **12213 MILLS REAM DR
BOWIE MD 20715**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DONNELLY, GREGORY**
CITY- ST- ZIP **5864 NICHOLSON LANE #512
N BETHESDA MD 20852**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: *Donna L. Blair*

3/16/07 850 267-9047