2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2007 08:00 Al

AITHOAL REI ORI				Secretary of State			
DOCUMENT # P9800027891 1. Entity Name JAMIE K. PROCTOR, P.A.						Secretary (oi State
Principal Plac 4121 N ARN TAMPA, FL		Mailing Address 911 S BRUCE STREET TAMPA, FL 33606			i 18161 (Brit Pelik Betil Belil)		II II 4 44 1
DO NOT WRITE IN THIS SPACE				04022007 No Chg-P CR2E034 (11/05) 4. FEI Number			
	6. Name and Address of Curre R, JAMIE K JCE STREET L 33606	nt Registered Agent		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 NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing _ \$5	.00 May Be		DATE	
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCTOR, JAMIE K 911 S BRUCE STREET TAMPA, FL 33606			, . .	HOOOG	7690730	
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TITLE NAME STREET ADDRESS :	1						

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP