

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000080361

1. Entity Name
DAVID F. VEDDER, P.A.



Principal Place of Business
**1651 N CLYDE MORRIS BLVD
SUITE 2
DAYTONA BEACH, FL 32117 US**

Mailing Address
**1651 N CLYDE MORRIS BLVD
SUITE 2
DAYTONA BEACH, FL 32117 US**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3530988

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VEDDER, DAVID F
1651 N CLYDE MORRIS BLVD
SUITE 2
DAYTONA BEACH, FL 32117**

**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

0000005936002

01/24/07-80014-013 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	VEDDER, DAVID F
STREET ADDRESS	1651 N CLYDE MORRIS BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32117

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**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 all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID F. VEDDER, PA

Date

Daytime Phone #

20 Jan 2007

386-274-0044