

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90061 016 \*\*\*158.75

<b>DOCUMENT # P98000108339</b> 1. Entity Name <b>DIANE A. DAVIS, PA</b>			
Principal Place of Business <b>7720 WASHINGTON ST SUITE 103 PORT RICHEY, FL 34668</b>		Mailing Address <b>7720 WASHINGTON ST SUITE 103 PORT RICHEY, FL 34668</b>	
2. Principal Place of Business - No P.O. Box # <b>8139 St. Rd. 54</b> Suite, Apt. #, etc.		3. Mailing Address <b>8139 St. Rd. 54</b> Suite, Apt. #, etc.	
City & State <b>New Port Richey, FL</b> Zip <b>34655</b> Country <b>PASCO</b>		City & State <b>New Port Richey, FL</b> Zip <b>34655</b> Country <b>PASCO</b>	
4. FEI Number <b>59-3551048</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02202007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>DAVIS, DIANE A 7720 WASHINGTON STREET SUITE 103 PORT RICHEY, FL 34668</b>		7. Name and Address of New Registered Agent Name <b>DAVIS, DIANE A</b> Street Address (P.O. Box Number is Not Acceptable) <b>8139 St. Rd. 54</b> <b>New Port Richey</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34655</b>	
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 <u><i>Diane A Davis President</i></u> <b>DIANE A. Davis, President</b> <u>2/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>DAVIS, DIANE A</b> STREET ADDRESS <b>5446 MANATEE POINT DRIVE</b> CITY-ST-ZIP <b>NEW PORT RICHEY, FL 34652</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE: <u><i>Diane A Davis President</i></u> <b>DIANE A. Davis, President</b> <u>2/22/07</u> <u>(727) 375-0600</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			