## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT FILED** Jan 19, 2007 08:00 AM DOCUMENT # P99000027786 **Secretary of State** VERAN VAUGHN, P.H.D., P.A. Principal Place of Business Mailing Address 1712 CORDELL DRIVE 1712 CORDELL DRIVE TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4, FEI Number Applied For 59-3566216 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAUGHAN, VERAN DO NOT WRITE 1712 CORDELL DRIVE TALLAHASSEE, FL 32303 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 9. Election Campaign Financing \$5.00 мау Ве FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME VAUGHN, VERAN U00000533924 01/22/07-80043-022 150.00 STREET ADDRESS 1712 CORDELL DR. CITY-ST-ZIP TALLAHASSEE, FL 32303 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/07 (850)385-004 Date Dayline Phone #