2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000059794

1. Entity Name

ANGIE SAWDY, P.A.



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

14274 RESERVE CT

PORT CHARLOTTE, FL 33953 US

14274 RESERVE CT

PORT CHARLOTTE, FL 33953

No Cha

CR2E034 (11/05)

02072007 4. FEI Number

65-0929792

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SAWDY, ANGIE 14274 RESERVE CT PORT CHARLOTTE, FL 33953

DO NOT WRITE IN THIS SPACE

				IN	THIS SPACE	
	named entity submits this statement for the purions of registered agent. Angle Sawdy	rpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep $\partial/7/\partial\mathcal{T}$	rt
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be . Added to Fees		
10.	OFFICERS AND DIRECT	TORS		*		\neg
title Name Street address City-st-zip	D SAWDY, ANGIE 14274 RESERVE CT PORT CHARLOTTE, FL 33953					
TITLE Name Street address City-St-Zip	D SAWDY, MICHAEL R 14274 RESERVE CT PORT CHARLOTTE, FL 33953					
TITLE Name Street address City-St-Zip				DO	NOT WRITE	
title Name Street Address City-St-Zip				IN .	THIS SPACE	ļ
TITLE Name Street address City-St-Zip						
TITLE						

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 PHYNING OFFICER OR DIRECTOR

2/7/07 941-627-3321

Daytime Phone #