


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90071 025 ***150.00

DOCUMENT # S93824 1. Entity Name CLARK DEMAY FARA & FROMAN, P.A.	
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Principal Place of Business 1819 MAIN ST SUITE 1100 SARASOTA, FL 34236 US	Mailing Address P O DRAWER 49887 SARASOTA, FL 34230 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4001000

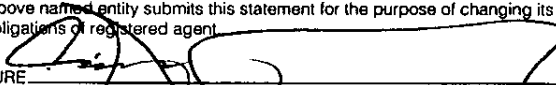


04182007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0293274	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEMAY, DANIEL J 1819 MAIN ST., STE. 1100 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5652 Marquesas Circle City Sarasota FL Zip Code 34233-3331
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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  Daniel J. DeMay, Esq. 4/18/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, DONALD D 1819 MAIN STREET #1100 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8433 Enterprise Circle, Suite 120 Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEMAY, DANIEL J 1819 MAIN STREET #1100 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5652 Marquesas Circle Sarasota, FL 34233-3331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FROMAN, ANDREW 1819 MAIN ST., #1100 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 401 E. Jackson Street, Suite 2525 Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARA, SUSAN L 1819 MAIN STREET #1100 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3027 Manatee Avenue West, Suite B Bradenton, FL 34205
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
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

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:  Daniel J. DeMay, Sec'y./Treas. 4/18/07 941-328-6200 Signature and typed or printed name of signing officer or director Date Daytime Phone #
