

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90038 019 \*\*\*150.00

<b>DOCUMENT # L12103</b> 1. Entity Name PATRICIA L. STROWBRIDGE, P.A.	
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Principal Place of Business 1516 E COLONIAL DR 202 ORLANDO, FL 32803	Mailing Address 1516 E COLONIAL DR 202 ORLANDO, FL 32803
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40020808

**DO NOT WRITE IN THIS SPACE**



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2964640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STROWBRIDGE, PATRICIA L.  
 1516 E COLONIAL DR  
 SUITE 202  
 ORLANDO, FL 32803

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

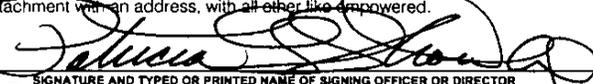
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STROWBRIDGE, PATRICIA L. 1516 E COLONIAL DR STE. 202 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS 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:  2/9/2007 407-894-1525  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 Patricia L. Strowbridge