

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L12103

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** PATRICIA L. STROWBRIDGE, P.A.

**Current Principal Place of Business:**

1516 E COLONIAL DR  
202  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1516 E COLONIAL DR  
202  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 59-2964640      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: PATRICIA L. STROWBRIDGE      03/11/2010  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: STROWBRIDGE, PATRICIA L.  
Address: 1516 E COLONIAL DE, STE. 202  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA L. STROWBRIDGE      P      03/11/2010  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date