

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055924

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: SHEILA FINN-BOUCHARD, P.A.

**Current Principal Place of Business:**

12601 MASTIQUE BEACH BLVD  
SUITE 803  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

12601 MASTIQUE BEACH BLVD  
SUITE 803  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 13-4252368      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FINN-BOUCHARD, SHEILA  
12601 MASTIQUE BEACH BLVD  
SUITE 803N  
FORT MYERS, FL 33908 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FINN-BROUCHARD, SHEILA  
Address: 12601 MASTIQUE BEACH BLVD SUITE 803  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FINN-BOUCHARD, SHEILA  
Address: 12601 MASTIQUE BEACH BLVD SUITE 803  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHEILA FINN-BOUCHARD

PRES

01/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date