

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078830

Entity Name: GAIL K. CARLSON, P.A.

FILED  
Mar 29, 2007  
Secretary of State

**Current Principal Place of Business:**

1275 VERMEER DRIVE  
NOKOMIS, FL 34275

**New Principal Place of Business:**

3679 PLACID VIEW DRIVE  
LAKE PLACID, FL 33852

**Current Mailing Address:**

1275 VERMEER DRIVE  
NOKOMIS, FL 34275

**New Mailing Address:**

3679 PLACID VIEW DRIVE  
LAKE PLACID, FL 33852

FEI Number: 16-1676736

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PSTD ( ) Delete  
Name: CARLSON, GAIL K  
Address: 1275 VERMEER DRIVE  
City-St-Zip: NOKOMIS, FL 34275

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

Title: PSTD (X) Change ( ) Addition  
Name: CARLSON, GAIL K  
Address: 3679 PLACID VIEW DRIVE  
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the 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: GAIL K CARLSON

PSTD

03/29/2007

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

\_\_\_\_\_  
Date