

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008 8:00 am
Secretary of State

08-08-2008 90015 010 ***150.00

DOCUMENT # P04000098391
 1. Entity Name
 ANN MCNICHOLS ELLIS, P.A.



Principal Place of Business Mailing Address
 309 MARQUESAS CT 309 MARQUESAS CT
 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2396 KINGS LAKE BLVD **2396 KINGS LAKE BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES, FL **NAPLES, FL**
 Zip Country Zip Country
34112 **34112**



07142008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
 ELLIS, ANN M
 309 MARQUESAS CT
 MARCO ISLAND, FL 34145

4. FEI Number Applied For
 16-1703027 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name **ANN M. ELLIS**
 Street Address (P.O. Box Number is Not Acceptable) **2396 KINGS LAKE BLVD.**
 City **NAPLES** FL Zip Code **34112**

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 *Ann M. Ellis* **ANN M. ELLIS** **7-21-08**
(Signature typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ELLIS, ANN M 309 MARQUESAS CT MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS ELLIS, ANN M. 2396 KINGS LAKE BLVD. NAPLES, FL 34112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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: *Ann M. Ellis* **ANN M. ELLIS, PRES.** **7-21-08** **394-5223**
(Signature typed or printed name of signing officer or director) Date Daytime Phone #