2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State
05-01-2008 90185 032 ***150.00

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04302008 Chg-P CR2E034 (12/06)

DOCUMENT # P04000132863

1. Entity Name
REBECCA T. FAIRCLOTH, P.A.

Principal Place of Business	Mailing Address
4520 NW 74TH TERR OCALA, FL 34482	4520 NW 74TH TERR OCALA, FL 34482

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7465 NW 44TH LANE	7465 NW 44TH LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA	City & State: OCALA
Zip: 34482 Country: USA	Zip: 34482 Country: USA

4. FEI Number: 20-1789765 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FAIRCLOTH, REBECCA T
4520 NW 74TH TERR
OCALA, FL 34482

7. Name and Address of New Registered Agent

Name: FAIRCLOTH, REBECCA T
Street Address (P.O. Box Number is Not Acceptable): 7465 NW 44TH LANE
City: OCALA FL Zip Code: 34482

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: [signature] DATE: 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	FAIRCLOTH, REBECCA T		NAME	FAIRCLOTH, REBECCA T	
STREET ADDRESS	4520 NW 74TH TERR		STREET ADDRESS	7465 NW 44TH LANE	
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP	OCALA, FL 34482	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Date: 4/30/08 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR