


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

2/1 **FILED**  
**Mar 11, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90019 025 \*\*\*150.00

**DOCUMENT # P05000020692**

1. Entity Name  
**JOHN A. MAKHOLM, P.A.**



Principal Place of Business <b>696 FIRST AVENUE NORTH          SUITE 205          ST. PETERSBURG, FL 33701 US</b>	Mailing Address <b>696 FIRST AVENUE NORTH          SUITE 205          ST. PETERSBURG, FL 33701 US</b>
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**66003187**



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01302008 No Chg-P CR2E034 (11/05)

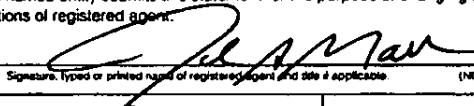
4. FEI Number <b>30-0296545</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MAKHOLM, JOHN A  
 696 FIRST AVENUE NORTH  
 SUITE 205  
 ST. PETERSBURG, FL 33701**

**DO NOT WRITE IN THIS SPACE**

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:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent, and date 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P MAKHOLM, JOHN A 696 FIRST AVENUE NORTH, SUITE 205 ST. PETERSBURG, FL 33701</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 an other like empowered.

SIGNATURE:  **030801 727.423.5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #