

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064865

Entity Name: ALISON ANDERSON P.A.

FILED
Apr 21, 2008
Secretary of State

Current Principal Place of Business:

5720 AUTUMN OAKS BOULEVARD
NAPLES, FL 34119

New Principal Place of Business:

5720 AUTUMN OAKS LANE
NAPLES, FL 34119

Current Mailing Address:

5720 AUTUMN OAKS BOULEVARD
NAPLES, FL 34119

New Mailing Address:

5720 AUTUMN OAKS LANE
NAPLES, FL 34119

FEI Number: 54-2179315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, ALISON E
5720 AUTUMN OAKS BOULEVARD
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

ANDERSON, ALISON E
5720 AUTUMN OAKS LANE
NAPLES, FL 34119 US

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: ALISON E. ANDERSON

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ANDERSON, ALISON E
Address: 5720 AUTUMN OAKS BOULEVARD
City-St-Zip: NAPLES, FL 34119 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: ANDERSON, ALISON E
Address: 5720 AUTUMN OAKS LANE
City-St-Zip: NAPLES, FL 34119 US

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: ALISON E ANDERSON

P/D

04/21/2008

Electronic Signature of Signing Officer or Director

Date