2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H79372

1. Entity Name
SALLY D. PRATT, P.A.

Principal Place of Business	Mailing Address
% SALLY D. PRATT 616 5TH AVE S NAPLES, FL 34102	C/O CLARK, STEVEN E., CPA 700 11TH ST SO #PH3 NAPLES, FL 34102 US

DO NOT WRITE IN THIS SPACE

01112008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2637122	Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, STEVEN E CPA
700 11TH ST SO #PH3
NAPLES, FL 34102

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

U000000041296   DATE

03/10/08-80010-023 150.00

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	PD
NAME	PRATT, SALLY D.
STREET ADDRESS	616 5TH AVE S
CITY-ST-ZIP	NAPLES, FL

TITLE	T
NAME	CLARK, STEVEN E.
STREET ADDRESS	700 11TH ST S
CITY-ST-ZIP	NAPLES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: X _Steven E. Clark_   X 2-12-08   X (238) 261-8022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
STEVEN E. CLARK