


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90074 049 \*\*\*150.00

<b>DOCUMENT # K10638</b> 1. Entity Name <b>CATHERINE G. SWAIN, P.A.</b>					
Principal Place of Business <b>149 S RIDGEWOOD AVE</b> <b>STE 500</b> <b>DAYTONA BEACH, FL 32114</b>				Mailing Address <b>149 S RIDGEWOOD AVE</b> <b>STE 500</b> <b>DAYTONA BEACH, FL 32114</b>	
2. Principal Place of Business - No P.O. Box # <b>444 Seabreeze Boulevard</b>		3. Mailing Address <b>444 Seabreeze Blvd.</b>			
Suite, Apt. #, etc. <b>Suite 360</b>		Suite, Apt. #, etc. <b>Suite 360</b>			
City & State <b>Daytona Beach, FL</b>		City & State <b>Daytona Beach, FL</b>			
Zip <b>32118</b>		Country <b>USA</b>		4. FEI Number <b>59-2865991</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SWAIN, CATHERINE G.</b> <b>149 S RIDGEWOOD AVE STE 500</b> <b>DAYTONA BEACH, FL 32114</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>444 Seabreeze Blvd, Suite 360</b> City <b>Daytona Beach</b> FL Zip Code <b>32118</b>	
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 <u><i>Catherine G. Swain</i></u> <b>Catherine G. Swain</b> <u>1/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWAIN, CATHERINE G. 149 RIDGEWOOD AVE STE 500 DAYTONA BEACH, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>444 Seabreeze Blvd, Suite 360</b> <b>Daytona Beach, FL 32118</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u><i>Catherine G. Swain</i></u> <b>Catherine G. Swain as President</b> <u>1/8/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

586  
281222