## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L40054

Title:

Name:

Address:

City-St-Zip:

TD

DEMING, JON R

( ) Delete

2968 SURFSIDE BOULEVARD

CAPE CORAL, FL 33914

Entity Name: JON R. DEMING, P.A.

FILED Apr 30, 2008 Secretary of State

Current Dr					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
% JON R. DEMING 5245 RAMSEY WAY SUITE 6 FT MYERS, FL 33907			JON R. DEMING 5245 RAMSEY WAY SUITE 6 FT MYERS, FL 33907		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
% JON R. DEMING 5245 RAMSEY WAY SUITE 6 FT MYERS, FL 33907			JON R. DEMING 5245 RAMSEY WAY SUITE 6 FT MYERS, FL 33907		
FEI Number:	65-0159572	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
DEMING, J 5245 RAMS SUITE 6 FT MYERS		sL			
The above in the State		submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Cam	npaign Financin	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
			ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( DEMING, BAR 2968 SURFSIE CAPE CORAL,	DE BLVD	Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
Name: Address:	DEMING, BAR 2968 SURFSIE CAPE CORAL,	BARA J DE BLVD , FL 33914 ) Delete ER COURT	Title: Name: Address:		
Name: Address: City-St-Zip: Title: Name: Address:	DEMING, BAR 2968 SURFSIE CAPE CORAL, VP ( DEMING, KEN 1477 SPINAKE HIGHLAND, MI S ( TAYLOR, LISA	BARA J DE BLVD , FL 33914  ) Delete ER COURT I 48356  ) Delete	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA J DEMING P 04/30/2008

() Change () Addition