

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90092 021 ***150.00

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1. Entity Name
SUE ELLEN COUGHTRY, P.A.



Principal Place of Business
639 ALEXANDER STREET
MOUNT DORA, FL 32757

Mailing Address
PO BOX 1273
MOUNT DORA, FL 32756-1273

40100750



2. Principal Place of Business - No P.O. Box #
303 N HIGHLAND STREET
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04272007 Chg-P CR2E034 (12/06)

City & State
MOUNT DORA, FL
Zip
32757

City & State
Zip
Country

4. FEI Number
59-3637096
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COUGHTRY, SUE ELLEN
303 N. HIGHLAND STREET
MOUNT DORA, FL 32757

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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
P
COUGHTRY, SUE ELLEN
1843 OVERLOOD DRIVE
MOUNT DORA, FL 32757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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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:

Sue Ellen Coughtry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41-27-07

Date
Declarant's Phone #