

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90015 041 ***150.00

DOCUMENT # P0000068342

1. Entity Name
GARY L. STEINHOFF, P.A.



Principal Place of Business
**13611 CHINA BERRY WAY
FORT MYERS, FL 33908**

Mailing Address
**C/O ROBERT D. ROYSTON, JR.
P.O. DRAWER 60205
FORT MYERS, FL 33906**

40033410

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

01182008 Chg-P CR2E034 (12/06)

4. FEI Number
31-1719519

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent
Name
JOHN M. WICKER, P.A.
Street
**12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907**
City 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 DATE **2/26/08**

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINHOFF, GARY L 13611 CHINA BERRY WAY FORT MYERS, FL 33908 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: **Pres 2 12 08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR