

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071130

FILED
Apr 15, 2008
Secretary of State

Entity Name: ISABEL M. STEPHENSON, P.A.

Current Principal Place of Business:

RE/MAX JUPITER-TEQUESTA,
250 W. INDIANTOWN ROAD
JUPITER, FL 33458

New Principal Place of Business:

RE/MAX NORTHERN PALM BEACHES
4580 DONALD ROSS ROAD #107
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

RE/MAX JUPITER-TEQUESTA,
250 W. INDIANTOWN ROAD
JUPITER, FL 33458

New Mailing Address:

RE/MAX NORTHERN PALM BEACHES
4580 DONALD ROSS ROAD #107
PALM BEACH GARDENS, FL 33418

FEI Number: 65-1032921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, ISABEL M .
11120 SE FEDERAL HWY
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEPHENSON, ISABEL M
Address: PO BOX 32176
City-St-Zip: PALM BCH GARDENS, FL 33420

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ISABEL M. STEPHENSON, P.A.

PRES

04/15/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date