2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000095211

1. Entity Name

PAMÉLA JANE MYERS, P.A.



FILED Jan 24, 2008 08:00 Al Secretary of State

Not Applicable

Daytime Phone #

Principal Place of Business

303 N. HIGHLAND ST. MT. DORA, FL 32757 Malling Address

303 N. HIGHLAND ST. MT. DORA, FL 32757



DO NOT WRITE	IN	THIS	SPA	CE
--------------	----	------	-----	----

01172008	No Chg-P	CR2E034 (11/05)			
4. FEI Number		,	Applied F		
59-3687	'198		Not Applie		

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

6. Name and Address of Current Registered Agent

MYERS, PAMELA J 303 N. HIGHLAND ST. MT. DORA, FL 32757

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D . MYERS, PAMELA J 303 N. HIGHLAND ST. MT. DORA, FL 32757					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		000000793103 01/24/08-80036-003 150,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						