

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P00000096566

1. Entity Name  
CAROLYN LANDON, P.A.



Principal Place of Business  
4600 SOUTH DIXIE HWY  
SUITE 2  
WEST PALM BEACH, FL 33405

Mailing Address  
4600 SOUTH DIXIE HWY  
SUITE 2  
WEST PALM BEACH, FL 33405

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Aug 01, 2008 08:00 AM**  
**Secretary of State**



07292008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1046537  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LANDON, CAROLYN  
7561 NEMEC DRIVE NORTH  
LAKE CLARKE SHORES, FL 33406

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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)

U00000956865  
08/01/08-80003-007 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LANDON, CAROLYN  
7561 NEMEC DRIVE NORTH  
LAKE CLARK SHORES, FL 33406

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: Carolyn Landon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/2008  
Date

561-805-9800  
Daytime Phone #