

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115527

FILED
Apr 07, 2008
Secretary of State

Entity Name: SORENSON-PAGE CORPORATION

Current Principal Place of Business:

12414 MCGREGOR WOODS CIRCLE
FORT MYERS, FL 33908

New Principal Place of Business:

16122 SAND RIDGE CT
FORT MYERS, FL 33908

Current Mailing Address:

12414 MCGREGOR WOODS CIRCLE
FORT MYERS, FL 33908

New Mailing Address:

16122 SAND RIDGE CT
FORT MYERS, FL 33908

FEI Number: 65-1066101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORENSON, DAVID
12414 MCGREGOR WOODS CIRCLE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

SORENSON, DAVID
16122 SAND RIDGE CT
FORT MYERS, FL 33908 US

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:

04/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SORENSON, DAVID M
Address: 12414 MCGREGOR WOODS CIRCLE
City-St-Zip: FT. MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SORENSON, DAVID M
Address: 16122 SAND RIDGE CT
City-St-Zip: FT. MYERS, FL 33908

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: DAVID M SORENSON

PRES

04/07/2008

Electronic Signature of Signing Officer or Director

Date