## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025321

Entity Name: DOROTHY MANGAS, P.A.

FILED Jan 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1329 S.E. 26TH ST. 3702 NW 41ST LANE CAPE CORAL, FL 33904 CAPE CORAL, FL 33993

Current Mailing Address: New Mailing Address:

1329 S.E. 26TH ST. 3702 NW 41ST LANE CAPE CORAL, FL 33904 CAPE CORAL, FL 33993

FEI Number: 65-1090103 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANGAS, DOROTHY
1329 S.E. 26TH ST.
CAPE CORAL, FL 33904 US

MANGAS, DOROTHY
3702 NW 41ST LANE
CAPE CORAL, FL 33993 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: DOROTHY MANGAS 01/14/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: MANGAS, DOROTHY Name: MANGAS, DOROTHY

 Name:
 MANGAS, DOROTHY
 Name:
 MANGAS, DOROTHY

 Address:
 1329 SE 26TH STREET
 Address:
 3702 NW 41ST LANE

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33993

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: DOROTHY MANGAS P 01/14/2008