


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 11, 2007 08:00 AM
Secretary of State**

DOCUMENT # P01000049049	
1. Entity Name LINDA M. ZEDONEK, P.A.	

Principal Place of Business 6626 ENGLELAKE DR LAKELAND, FL 33813	Mailing Address 6626 ENGLELAKE DR LAKELAND, FL 33813
--	--



01072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3748086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZEDONEK, LINDA 6626 ENGLELAKE DR LAKELAND, FL 33813
--

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000581894
01/11/07-80010-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEDONEK, LINDA 6626 ENGLELAKE DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZEDONEK, PHILLIP 6626 ENGLELAKE DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILLIP L ZEDONEK

DIRECTOR

863.838.8188

Date

Daytime Phone #

1/08/07