2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000070327



FILED Apr 03, 2008 08:00 Al Secretary of State

Fee Required

Principal Place of Business

SONIA M. PAWLUC, P.A.

717 SE 5TH ST. STUART, FL 34994 Mailing Address

717 SE 5TH ST. STUART, FL 34994



DO NOT WRITE IN THIS SPACE

03312008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1122871 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional

6. Name and Address of Current Registered Agent

PAWLUC, SONIA M 717 SE 5TH ST. STUART, FL 34994

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ntity submits this statement for the p gistered agent	surpose of changing its registere	d office or re	egistered agent, or bot	h, in the State of Florida. I am familiar with, and acce	ρl
ped or printed name of registered agent and title	r applicable (NOTE, Registered	Agent signature	required when leins(ating)	DATE	
FILE NOWILL 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	110000	
OFFICERS AND DIREC	CTORS				
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	gistered agent ped or binled name of registered agent and title III FEE IS \$150.00 DOB Fee will be \$550.00	gistered agent (ped or binlied name of registered agent and title if applicable (NOTE, Registered agent agent and title if applicable (NOTE, Registered agent age	gistered agent (Ped or pinled name of registered agent and title of applicable (NOTE, Registered Agent bignature) (III FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS JC, SONIA M PTSD POCEAN DR 1404 (N BEACH, FL 34957)	ped or pinled name of requered agent and totle if applicable INOTE, Registered Agent bignature required when renstating) P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS JC, SONIA M PTSD FOCEAN DR 1404 N BEACH, FL 34957 DO IN	III FEE IS \$150.00 1008 Fee with be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees OFFICERS AND DIRECTORS U00000879458 U100000879458 U20, SONIA M PTSD COCEAN DR 1404 N BEACH, FL 34957 DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08

772-463-2600

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