


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000075405</b> 1. Entity Name: CAROLYN N. KETCHEL, P.A.	
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Principal Place of Business 13 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579	Mailing Address P O BOX 7 SHALIMAR, FL 32579
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**DO NOT WRITE IN THIS SPACE**



04062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3738126	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

KETCHEL, CAROLYN N  
13 LAKE LORRAINE CIRCLE  
SHALIMAR, FL 32579

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000386364 04/21/08-80001-013 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KETCHEL, CAROLYN N 13 LAKE LORRAINE CIRCLE SHALIMAR, FL 32579
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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 N. Ketchel 4/07/08 850-651-1123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #