## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2008 8:00 am Secretary of State

DOCUMENT # P0200005878  1. Entity Name JERALDINE WILLIAMS SMITH, P.A. CHONGE: LAW DEFICE OF JERALDINE WILLIAMS SHAW, P.A.									04-24-2008 901	10 02	4 ***150.	00
Principal Place of Business Mailing Address												
2504-12TH AVE TAMPA, FL 33605			2504-12TH AVE TAMPA, FL 33605									
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2. Principal Place of Business - No P.O. Box.#			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04212008	Chg-P	CR2E	034 (12/06)	
City & State			City & State					4. FEI Number Applied F 03-0409798 Not Applie			pplied For ot Applicable	
Zip	Country			Zip Co		ountry		5. Certificat	e of Status Desired		\$8.75 Ad	
	6. Name and Address of Current		Regis	Registered Agent		T	7. Name and Address of New Registere			istered		
								· · ·				
SMITH, JERALDINE W 2504-12TH AVE					Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FL 33605					ļ							
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						City				FL	Zip Cod	le
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	For printed name 3" Legistered agera	aret bile	if applicable (NOT)	Renstre	d Agent signat	uie reduired	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financ  Trust Fund Contribution.								00 May Be ed to Fees				
10.		OFFICERS AND	DIREC		11.		,	ADDITIONS	/CHANGES TO OFFICE	RS AN	DIRECTOR	S IN 11
THLE NAME						<u>.</u>	Cua		14/.		Change	Addition
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CITY ST ZIP						S1 ZIP						
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THE				☐ Delete	IIITE				·		Change	Addition
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CITY ST ZIP						SI ZIP						
12. Thereby certily that the information supplied with this filling 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 recolving cut trustee empowered to execute this eport 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:    Chapter 109, Florida Statutes; and that my name appears in Block 10 or Block 11 if the changed or on an attachment with an address, with all other like empowered												
SIGNAT	UKE:	SIGNATURE AND TYPED OR	RINTED	NAME OF SIGNING OFFICER	OR DIRECT	TOR		1 4-01-1	Date	<u>0 3,</u>	Daytere Phone *	