

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90084 020 ***150.00

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01092007 Chg-P CR2E034 (12/06)

DOCUMENT # P02000082602					
1. Entity Name JENNIFER C. HARRINGTON, P.A.					
Principal Place of Business 2329 SUNSET POINT ROAD SUITE 204 CLEARWATER, FL 33765			Mailing Address 2329 SUNSET POINT ROAD SUITE 204 CLEARWATER, FL 33765		
2. Principal Place of Business - No P.O. Box # 29605 US Hwy 19 Suite, Apt. #, etc. STE 140		3. Mailing Address 29605 US Hwy 19 Suite, Apt. #, etc. STE 140			
City & State Clearwater, FL		City & State Clearwater, FL			
Zip 33761	Country Pinellas	Zip 33761	Country Pinellas	4. FEI Number 33-1015233 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HARRINGTON, JENNIFER C 2329 SUNSET POINT ROAD SUITE 204 CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name Harrington, Jennifer C Street Address (P.O. Box Number is Not Acceptable) 29605 US Hwy 19 Ste. 140 City Clearwater FL Zip Code 33761		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRINGTON, JENNIFER C 2329 SUNSET POINT ROAD, SUITE 204 CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harrington, Jennifer C. 29605 US Hwy 19, Ste 140 Clearwater, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:			1/26/07 (727) 787-3700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		