2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 10, 2007 8:00 am Secretary of State

DOCUMENT # P02000108320 1. Entity Name VIJITHA K. REDDY, PA.					08-10-2007 90047 008 ***550.00				
Principal Place	e of Business	Mailing Address			ー ノ	- .			
S-109 LATROBE DR		5109 LATROBE DR				4510			
WINDERMERE, FL 34786		WINDERMERE, FL 34786			60054543				
					1 14001451411	ICHO ((14 COH) COH TO			E
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07242007 Chg-P CR2E034 (12/06)				
City & State		City & State			4. FEI Numbe 56-2298				olied For Applicable
Zip Country		Zip Country		try	5. Certificate	of Status Desired		8.75 Addi ee Required	
6. Name and Address of Current I		egistered Agent			7. Name and	Address of New R			
			Name						
REDDY, VIJITHAK 5109 LATROSE DR WINDERMERE, FL 34786 Windermere, FL 34786 Windermere, FL 34786				Street Address (P.O. Box Number is Not Acceptable)					
WINDERM	ERE, FL 34786 Wunder	were & 6 34 180			· · · · · · · · · · · · · · · · · · ·				
				City			FL	Zip Code	
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. Nped or printed name of registered agent and list if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Fi Trust Fund Contribution					5.00 May Be Ided to Fees				
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND (DIRECTORS	S IN 11
TITLE	Р	☐ Delete	TRTL	E				☐ Change	☐ Addition
NAME	REEDY, VIJITHA K		NAN	I					
STREET ADDRESS	5109 LATROBE DR			EET ADDRESS '-ST-ZIP					
CITY-ST-ZIP	WINDERMERE, FL 34786							C 05	
TITLE		☐ Delete	TITE					☐ Change	☐ Addition
NAME STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				/-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition
NAME			NAM	AE					
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			+	r-ST-ZiP			-	П 61	
TITLE NAME		☐ Delete	TITE	l l				☐ Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CIT	Y-ST-ZIP					
TITLE		☐ Delete	TITI	LE				Change	Addition
NAME	1		NAP						
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		П	-	Y-ST-ZiP					
) TITLE NAME		☐ Delete	TITI NAI	- 1				☐ Change	Addition
STREET ADDRESS				REET ADDRESS					
CITY+ST-ZIP				Y-ST-ZIP					
indicated	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emoc	true and accurate and that n	nv sign:	ature shall have th	e same legal effe	ct as if made under	r oath; that I a	m an officer	or director