2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300006907

1. Entity Name
HEIDI L. PECORA, PA

Principal Place of Business
10953 96TH ST N

Mailing Address
10953 96TH ST N

فعد فحده

FILED Feb 13, 2008 08:00 A Secretary of State

LARGO, FL 33773 LARGO, FL 33773 US 02062008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3675250 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PECORA, HEIDI L DO NOT WRITE 10953 96TH ST N LARGO, FL 33773 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 Signature, typed or printed name of registered agent and title if aggicable (NOTE: Recettered Agent signature recurred when remarking) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PECORA, HEIDI L U0000008257**5**8 10953 96TH ST N STREET ADDRESS 02/21/08-80022-024 150.00 CITY - ST - 7IP LARGO, FL 33773 TITLE NAME STREET ADDRESS CITY - ST - 71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

CICNIATUDE.

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

2/12/08 727-204-005

Daytime Phone ∉