


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90032 012 ***150.00

DOCUMENT # P03000023604 1. Entity Name PERRY J. CORNEAU, P.A.					
Principal Place of Business REMAX PREMIER SERVICES 5200 OCEAN BOULEVARD SARASOTA, FL 34242 <i>Corneau and Associates</i>			Mailing Address 2916 SEASONS BLVD SARASOTA, FL 34240		
2. Principal Place of Business - No P.O. Box # 1990 Main Street Suite, Apt. #, etc. 750 City & State Sarasota FL		3. Mailing Address 1990 Main Street Suite, Apt. #, etc. 750 City & State Sarasota FL			
Zip 34236 Country USA		Zip 34236 Country USA		4. FEI Number 51-0449691 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 CORNEAU, PERRY J 5200 OCEAN BOULEVARD SARASOTA, FL 34242			7. Name and Address of New Registered Agent Name <i>Perry J. Corneau</i> Street Address (P.O. Box Number is Not Acceptable) <i>Corneau & Associates</i> 1990 Main Street Suite 750 City <i>Sarasota</i> FL Zip Code <i>34236</i>		
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PS CORNEAU, PERRY J 2916 SEASONS BLVD SARASOTA, FL 34240	<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	T CORNEAU, OPAL 2916 SEASONS BLVD. SARASOTA, FL 34240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/2/2008 Date Daytime Phone #		