



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90138 046 ***150.00

DOCUMENT # P03000055035					
1. Entity Name CYNTHIA I. RICE, P.A.					
Principal Place of Business 2201 NORTHEAST COACHMAN ROAD SUITE 102 CLEARWATER, FL 33765			Mailing Address 2201 NORTHEAST COACHMAN ROAD SUITE 102 CLEARWATER, FL 33765		
2. Principal Place of Business - No P.O. Box # 1744 BELCHER RD. N.		3. Mailing Address 1744 BELCHER RD. N.		 04032007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. SUITE 150		Suite, Apt. #, etc. SUITE 150			
City & State CLEARWATER, FL		City & State CLEARWATER, FL			
Zip 33765	Country USA	Zip 33765	Country USA		
4. FEI Number 16-1665040				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 RICE, CYNTHIA I 2201 NORTHEAST COACHMAN ROAD SUITE 102 CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name CYNTHIA I. RICE Street Address (P.O. Box Number is Not Acceptable) 1744 BELCHER RD. N. SUITE 150 City CLEARWATER, FL Zip Code 33765		
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: <u>Cynthia I. Rice</u> CYNTHIA I. RICE DATE: <u>4/3/07</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>					
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	P/D RICE, CYNTHIA I 2201 NORTHEAST COACHMAN ROAD SUITE 102 CLEARWATER, FL 33765		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1744 BELCHER RD. N., STE. 150 CLEARWATER, FL 33765	
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	
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: <u>Cynthia I. Rice, Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/3/07</u> 727/799 1277 <small>Daytime Phone *</small>		

CYNTHIA I. RICE