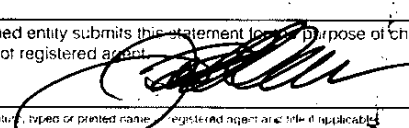
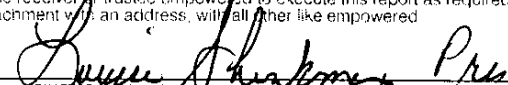


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90083 021 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000070603</b><br>1. Entity Name<br>LOUISE SHINKMAN, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                         |                                                                                                                 |                                                     |  |
| Principal Place of Business<br>11027 LAKELAND CIRCLE<br>FORT MYERS, FL 33913                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                         | Mailing Address<br>% ROBERT D. ROYSTON, JR.<br>P.O. DRAWER 60205<br>FORT MYERS, FL 33906                        |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        | 3. Mailing Address<br>JOHN M. WICKER, P.A.<br>P.O. DRAWER 60205<br>FORT MYERS, FL 33906 |                                                                                                                 |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | Suite, Apt. #, etc.                                                                     |                                                                                                                 |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        | City & State                                                                            |                                                                                                                 | 4. FEI Number<br>45-0518422                                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        | Country                                                                                 |                                                                                                                 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                             |  |
| 6. Name and Address of Current Registered Agent<br><br>ROYSTON, ROBERTO D JR<br>12670 NEW BRITTANY BLVD.<br>SUITE 101<br>FORT MYERS, FL 33907                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                                                                         |                                                                                                                 | 7. Name and Address of New Registered Agent<br><br>JOHN M. WICKER, P.A.<br>12670 NEW BRITTANY BLVD., STE 101<br>FORT MYERS, FL 33907 |  |
| 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, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| SIGNATURE:  DATE: 4/18/08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| (NOTE: Registered Agent signature required when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                        |                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PSTD SHINKMAN, LOUISE <input type="checkbox"/> Delete<br>11027 LAKELAND CIRCLE<br>FORT MYERS, FL 33913 |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  DATE: 4-5-08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                        |                                                                                         |                                                                                                                 |                                                                                                                                      |  |