


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 25, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000085363</b> 1. Entity Name VICTORIA H. ADKINS, P.A.	
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Principal Place of Business 1009 FLOOD RD FORT PIERCE, FL 34982	Mailing Address P.O. BOX 13388 FORT PIERCE, FL 34979
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02212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0156700	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  ADKINS, VICTORIA H 1009 FLOOD RD FORT PIERCE, FL 34982
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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 Victoria H. Adkins DATE 2/21/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000853636 03/04/08-80017-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ADKINS, VICTORIA H 1009 FLOOD RD FORT PIERCE, FL 34982
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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:** Victoria H. Adkins Victoria H. Adkins 2/21/08 (772) 468-6535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #