

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009514

Entity Name: JANE ANDERSON, P.A.

FILED
Jan 18, 2007
Secretary of State

Current Principal Place of Business:

5589 CYPRESS TREE CT.
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

2136 CROWN DRIVE
ST. AUGUSTINE, FL 32092

Current Mailing Address:

5589 CYPRESS TREE CT.
PALM BEACH GARDENS, FL 33418

New Mailing Address:

2136 CROWN DRIVE
ST. AUGUSTINE, FL 32092

FEI Number: 42-1614920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, JANE
5589 CYPRESS TREE CT.
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

ANDERSON, JANE
2136 CROWN DRIVE
ST. AUGUSTINE, FL 32092 US

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.

SIGNATURE: JANE ANDERSON

01/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, JANE
Address: 5589 CYPRESS TREE CT.
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, JANE
Address: 2136 CROWN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE ANDERSON

PD

01/18/2007

Electronic Signature of Signing Officer or Director

Date