## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P0400010863  1. Entity Name M. DONALD KOLLATH, P.A.						04-21-200	08 90081	046 ***1:	50.00
Principal Plac	on of Business	Moiling Address		-	4,00	13010			
Principal Place of Business  12669 CORMORANT COVE LANE  JACKSONVILLE, FL 32223 US  Address  12669 CORMORANT COVE LANE  JACKSONVILLE, FL 32223 US  JACKSONVILLE, FL 32223 US					٠.				
Principal Place of Business - No P.O. Box #     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04092008	Chg-P	CR2E	034 (12/06)	
City & State		City & State			4. FEI Number				plied For
Zip Country		Zip Country			20-0613 5. Certificate of	1839 of Status Desired		\$8.75 Add	
	6. Name and Address of Current	Pagistared Apaget	1					Fee Require	d
	6. Name and Address of Current	Registered Agent	Name		/. Name and	Address of New	Registered	Agent	
KOLLATH, DONALD 12669 CORMORANT COVE LANE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32223									
	,		City				FL	Zip Code	e .
	named entity submits this statement to	or the purpose of changing its re	egistered office or	register	ed agent, or both	n, in the State of f	lorida. I am	familiar with,	and accept
ine obligat	tions of registered agent.								
SIGNATURE.									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Agent signati	ure required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent	<u> </u>					DATE		
	Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig	n Financing	· \$5.	00 May Be		DATE		
	E NOWIII FEE IS \$150,00	9. Election Campaig Trust Fund Contrit	n Financing	· \$5.	00 May Be ed to Fees	CHANGES TO OF		D DIRECTORS	S IN 11
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaig Trust Fund Contrit	n Financing oution.	· \$5.	00 May Be ed to Fees ADDITIONS/0	CHANGES TO OF		D DIRECTORS	S IN 11
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

M. Would Kolath

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/18/08 904-403-3892