

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90041 019 ***150.00

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1. Entity Name
COURTNEY JANE CAMPBELL, P.A.



Principal Place of Business
**5751 GIRONA PLACE
SARASOTA, FL 34238**

Mailing Address
**5751 GIRONA PLACE
SARASOTA, FL 34238**

2. Principal Place of Business - No P.O. Box #
8970 Wildlife Loop

3. Mailing Address
8970 Wildlife Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.



01182008

Chg-P

CR2E034 (12/06)

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
75-3144745

Applied For
Not Applicable

Zip Country
34238 USA

Zip Country
34238 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAMPBELL, COURTNEY J
5751 GIRONA PLACE
SARASOTA, FL 34238**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
8970 Wildlife Loop

City
Sarasota

FL

Zip Code
34238

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAMPBELL, COURTNEY J
5751 GIRONA PLACE
SARASOTA, FL 34238** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**8970 Wildlife Loop
Sarasota, FL 34238** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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: *Courtney Jane Campbell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08
Date

941-806-7234
Daytime Phone #

Courtney J. Campbell