2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000023741

Entity Name: LINDA W. HARGREAVES, P.A.

FILED May 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1848 JOHN ANDERSON DR. 9019 C OTTER CREEK DRIVE ORMOND BEACH, FL 32176 CHARLOTTE, NC 28277

Current Mailing Address: New Mailing Address:

1848 JOHN ANDERSON DR. PO BOX 77879 ORMOND BEACH, FL 32176 CHARLOTTE, NC 28271

FEI Number: 40-4621113 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARGREAVES, LINDA W
1848 JOHN ANDERSON DRIVE
ORMOND BEACH,, FL 32176 US
HARGREAVES, LINDA W
9019 C OTTER CREEK DRIVE
CHARLOTTE, NC, FL 28277 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: LINDA W. HARGREAVES 05/10/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HARGREAVES, LINDA W HARGREAVES, LINDA W Name: Name: 1848 JOHN ANDERSON DR. Address: 9019 C OTTER CREEK DRIVE Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: CHARLOTTE, NC 28277

I hereby certify that the information supplied with this filing does not qualify 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: LINDA W. HARGREAVES D 05/10/2008