

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90046 044 ***150.00

DOCUMENT # P04000067329					
1. Entity Name ELIZABETH G. BOURLON, P.A.					
Principal Place of Business 701 ENTERPRISE ROAD EAST SUITE 401 SAFETY HARBOR, FL 34695			Mailing Address 701 ENTERPRISE ROAD EAST SUITE 401 SAFETY HARBOR, FL 34695		
2. Principal Place of Business No. P.O. Box # 262 4TH AVE. N.		3. Mailing Address 262 4TH AVE. N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. PETERSBURG, FL		City & State ST. PETERSBURG, FL		4. FEI Number 65-0151619	
Zip 33701		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOURLON, ELIZABETH G 701 ENTERPRISE ROAD EAST SUITE 401 SAFETY HARBOR, FL 34695			7. Name and Address of New Registered Agent Name: ELIZABETH G. BOURLON Street Address (P.O. Box Number is Not Acceptable): 262 4TH AVE. N. City: ST. PETERSBURG FL Zip Code: 33701		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME BOURLON, ELIZABETH G		<input type="checkbox"/> Delete		
STREET ADDRESS 701 ENTERPRISE ROAD EAST SUITE 401	262 4TH AVE. N.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP SAFETY HARBOR, FL 34695	ST. PETERSBURG, FL 33701		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Elizabeth G. Bourlon</u>			4/13/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		