

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State****DOCUMENT # P04000071196**1. Entity Name  
MITZI R. GILL, P.A.Principal Place of Business  
1714 MAGDALENE MANOR DRIVE  
TAMPA, FL 33613Mailing Address  
1714 MAGDALENE MANOR DRIVE  
TAMPA, FL 33613

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
84-1646442Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

JIMENEZ, JAMES A CPA  
1302 W SLIGH AVE  
TAMPA, FL 33604**DO NOT WRITE  
IN THIS SPACE**

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)

00000092546

05/28/08-80033-007 150.00

**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 D  
NAME GILL, MITZI R  
STREET ADDRESS 1714 MAGDALENE MANOR DRIVE  
CITY-ST-ZIP TAMPA, FL 33613TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
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CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

813-334-4989

Daytime Phone #