


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000074009


1. Entity Name
CAROLYN WEINAND PA



Principal Place of Business
**2375 ALEXANDER PALM DR
 NAPLES, FL 34105**

Mailing Address
**2375 ALEXANDER PALM DR
 NAPLES, FL 34105**

DO NOT WRITE IN THIS SPACE



05142008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1100092 Applied For
 (Not Applicable)

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

6. Name and Address of Current Registered Agent

**WEINAND, CAROLYN L
 2375 ALEXANDER PALM DRIVE
 NAPLES, FL 34105**

**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 _____ (NOTE: Registered Agent signature required when re-registered) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 12, 2008**

9. Election Campaign Financing
 Trust Fund Contribution **\$5.00** May Be
 Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P WEINAND, CAROLYN L 2375 ALEXANDER PALM DR NAPLES, FL 34105
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 06/04/08-80086-015 150.00

**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: *Carolyn Weinand* **5-27-08** **239-269-5678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DATE PHONE #