


**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 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<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>P<br/>WEINAND, CAROLYN L<br/>2375 ALEXANDER PALM DR<br/>NAPLES, FL 34105</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |   |

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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 #