2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000083024 1. Entity Name KATHLEEN A. CHRISTIAN, P.A.



FILED Jan 16, 2008 08:00 AN Secretary of State

Principal Place of Business 5863 BEVERLY DR.

HUDSON, FL 34667

Mailing Address

5863 BEVERLY DR. HUDSON, FL 34667



DO NOT WRITE IN THIS SPACE

01122008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 51-0509024 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title it applicable.

CHRISTIAN, KATHLEEN A 5863 BEVERLY DR. HUDSON, FL 34667

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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.

(NOTE: Registered Agent signature required when reinstating)

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

DATE U00000785943-01/17/08-80020-014 150.00

10. OFFICERS AND DIRECTORS **PSD** TITLE NAME CHRISTIAN, KATHLEEN A STREET ADDRESS 5863 BEVERLY DR. CITY-ST-7IP HUDSON, FL 34667 TITLE NAME STREET ADDRESS CITY-ST-ZIP nne NAME STREET ADDRESS CITY-ST-ZIP 1111 F NAME STREET ADDRESS CITY-ST-7IP THLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the informatiop-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 a

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