2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000117552

1. Entity Name
NORITA SAUNDERS BIRDSONG, P.A.

Principal Place of Business	Mailing Address
616 MCCOLLUM CIRCLE	616 MCCOLLUM CIRCLE
NEPTUNE BEACH, FL 32266	NEPTUNE BEACH, FL 32266

DO NOT WRITE IN THIS SPACE

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07072008	No Chg-P	CR2E034 (11/05)

4. FEI Number		Applied For
20-1513623		Not Applicable

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

6. Name and Address of Current Registered Agent

SAUNDERS BIRDSONG, NORITA
616 MCCOLLUM CIRCLE
NEPTUNE BEACH, FL 32266

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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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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	PSTD
NAME	SAUNDERS BIRDSONG, NORITA
STREET ADDRESS	616 MCCOLLUM CIRCLE
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266

TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____   7-10-08   (904)993 3226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #