

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119964

Entity Name: DR. JAMES M. PETRO O.D., P.A.

FILED  
Jan 07, 2008  
Secretary of State

## Current Principal Place of Business:

1050 VAN FLEET DRIVE  
VISION CENTER  
BARTOW, FL 33830

## New Principal Place of Business:

## Current Mailing Address:

790 SAGEWOOD DR.  
LAKELAND, FL 33813

## New Mailing Address:

FEI Number: 65-1233653

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETRO, JAMES M  
790 SAGEWOOD DRIVE  
LAKELAND, FL 33813 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PETRO, JAMES M  
Address: 790 SAGEWOOD DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: VP ( ) Delete  
Name: PETRO, ELIZABETH A  
Address: 790 SAGEWOOD DR.  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M. PETRO

DR.

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date