


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90036 046 ***150.00

DOCUMENT # P04000136413 1. Entity Name SHARI OGILVIE, D.C., P.A.			
Principal Place of Business 223 AIRPORT RD SOUTH NAPLES, FL 34104 US		Mailing Address 223 AIRPORT ROAD SOUTH NAPLES, FL 34104 US	
2. Principal Place of Business - No P.O. Box # 1100 South Collier Blvd. Suite, Apt. #, etc. #1225		3. Mailing Address 1100 South Collier Blvd. Suite, Apt. #, etc. #1225	
City & State Marco Island, FL		City & State Marco Island, FL	
Zip 34145	Country USA	Zip 34145	Country USA
4. FEI Number 05-0609872		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OGILVIE, SHARI 223 AIRPORT ROAD SOUTH NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Ogilvie, Shari Street Address (P.O. Box Number Is Not Acceptable) 1100 South Collier Blvd. #1225 City Marco Island FL Zip Code 34145	
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 <u>Shari Ogilvie</u> DATE <u>4/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES OGILVIE, SHARI 223 AIRPORT ROAD SOUTH NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Shari Ogilvie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/14/08 (239) 825-4147</u> <small>Date Daytime Phone #</small>	