


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000152570</b> 1. Entity Name KATHLEEN D. CARBONE, P.A.	
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Principal Place of Business 8429 LONG EAGLE WAY SARASOTA, FL 34241	Mailing Address 8429 LONG EAGLE WAY SARASOTA, FL 34241
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<b>DO NOT WRITE IN THIS SPACE</b>
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01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1885081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CARBONE, KATHLEEN D 8429 LONG EAGLE WAY SARASOTA, FL 34241
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARBONE, KATHLEEN D 8429 LONG EAGLE WAY SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFAFFENBACH, PATRICIA C 534 TREMONT AVE WESTFIELD, NJ 07090
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<p>U00000600977 01/26/07-80022-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 persons empowered.

**SIGNATURE:** Kathleen D. Carbone 1-16-07 941-228-8429  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #