

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000156862

1. Entity Name

STEPHANIE COBURN, P.A.



Principal Place of Business

25340 GALASHIELDS CIRCLE
BONITA SPRINGS, FL 34134

Mailing Address

25340 GALASHIELDS CIRCLE
BONITA SPRINGS, FL 34134

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1909241

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COBURN, STEPHANIE
25340 GALASHIELDS CIRCLE
BONITA SPRINGS, FL 34134

**DO NOT WRITE
IN THIS SPACE**

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

Stephanie Coburn *Stephanie Coburn PRES.*

7/16/08

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	PRES
NAME	COBURN, STEPHANIE
STREET ADDRESS	25340 GALASHIELDS CIRCLE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	VP
NAME	COBURN, JOHN JR.
STREET ADDRESS	25340 GALASHIELDS CIRCLE
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000955711
07/22/08-80002-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Stephanie Coburn *Stephanie Coburn PRES*

7/16/08
239-949-2761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #