

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000156862

Entity Name: STEPHANIE COBURN, P.A.

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

25340 GALASHIELDS CIRCLE  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

**Current Mailing Address:**

25340 GALASHIELDS CIRCLE  
BONITA SPRINGS, FL 34134

**New Mailing Address:**

FEI Number: 20-1909241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COBURN, STEPHANIE  
25340 GALASHIELDS CIRCLE  
BONITA SPRINGS, FL 34134 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: PRES  
Name: COBURN, STEPHANIE  
Address: 25340 GALASHIELDS CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VP  
Name: COBURN, JOHN JR.  
Address: 25340 GALASHIELDS CIRCLE  
City-St-Zip: BONITA SPRINGS, FL 34134 US

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE COBURN

PRES

01/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date