


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90076 049 ***150.00

DOCUMENT # P04000159876 1. Entity Name LILLIAN PATRICIA READING, P.A.	
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Principal Place of Business 1420 HOVERSHAM DR. NEW PORT RICHEY, FL 34655	Mailing Address 1420 HOVERSHAM DR. NEW PORT RICHEY, FL 34655
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50021347



2. Principal Place of Business 1437 Parilla Circle Suite, Apt. #, etc.	3. Mailing Address 1437 Parilla Circle Suite, Apt. #, etc.
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02222005 Chg-P CR2E034 (10/03)

City & State Trinity, Florida	City & State Trinity, Florida
Zip 34655	Country US

4. FEI Number 20-1935926	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent READING, LILLIAN P 1420 HOVERSHAM DR. NEW PORT RICHEY, FL 34655
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1437 Parilla Circle City Trinity FL Zip Code 34655
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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: *Lillian Patricia Reading PA* 2/25/2005
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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D READING, LILLIAN P 1420 HOVERSHAM DR. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1437 Parilla Circle Trinity, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lillian Patricia Reading PA* 2/25/2005 727-809-0392
Signature and typed or printed name of signing officer or director Date Daytime Phone #