

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000166869			
1. Entity Name ELLEN LAURETTA EGGLAND, P.A.			
Principal Place of Business 811 BENTWOOD DR NAPLES, FL 34108		Mailing Address 811 BENTWOOD DR NAPLES, FL 34108	
DO NOT WRITE IN THIS SPACE			
		03262007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1919278	
		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			
EGGLAND, ELLEN L 811 BENTWOOD DR NAPLES, FL 34108		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		04/10/07-20087-001 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		PS EGGLAND, ELLEN L 811 BENTWOOD DR NAPLES, FL 34108	
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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: Ellen Lauretta Egglund, PA		3-2607 (239) 591-7192	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	