2008 FOR PROFIT CORPORATION ANNUAL REPORT →

Apr 09, 2008 08:00 A Secretary of State DOCUMENT # P04000167024 1. Entity Name DIONE ADAIR COLLIER-LARKIN, P.A. Principal Place of Business Mailing Address 204 TEMPLE AVENUE 204 TEMPLE AVENUE FERN PARK, FL 32730 FERN PARK, FL 32730 US 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1994045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHASE, DAMON A ESQ DO NOT WRITE 250 INTERNATIONAL PKWY, STE 250 LAKE MARY, FL 32746 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LARKIN, DIONE NAME STREET ADDRESS 204 TEMPLE AVENUE CITY-ST-ZIP FERN PARK, FL 32730 TITLE LARKIN, DIONE NAME STREET ADDRESS 204 TEMPLE AVENUE FERN PARK, FL 32730 CITY-ST-ZIP TITLE LARKIN, DIONE NAME 204 TEMPLE AVENUE STREET ADDRESS DO NOT WRITE FERN PARK, FL 32730 CITY-ST-ZIP IN THIS SPACE TITLE NAME LARKIN, DIONE STREET ADDRESS 204 TEMPLE AVENUE CITY-ST-ZIP FERN PARK, FL 32730 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

12. Thereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayumo Phone #