


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90240 004 \*\*\*150.00

<b>DOCUMENT # P05000012207</b>			
1. Entity Name <b>MARY ANN JOSH, P.A.</b>			
Principal Place of Business <b>767 HAMPTON CIRCLE NAPLES FL 34105</b>		Mailing Address <b>767 HAMPTON CIRCLE NAPLES FL 34105</b>	
2. Principal Place of Business - No P.O. Box # <b>21548 TAFT CT</b>		3. Mailing Address <b>21548 TAFT CT</b>	
Suite, Apt. #, etc. <b>201</b>		Suite, Apt. #, etc. <b>201</b>	
City & State <b>ESTERO, FL</b>		City & State <b>ESTERO, FL</b>	
Zip <b>33928</b>	Country <b>USA</b>	Zip <b>33928</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>JOSH, MARY ANN 3015 HORIZON LANE #2706 NAPLES FL 34109</b> <i>moved</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JOSH, MARY ANN 767 HAMPTON CIRCLE NAPLES FL 34105</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JOSH, MARY ANN 21548 TAFT CT # 201 ESTERO, FL 33928</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <b>Mary Ann Josh</b>		Date: <b>April 15, 2008</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		239 272-9069	