

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033285

FILED
Apr 26, 2008
Secretary of State

Entity Name: TRISH AUSTIN, P.A.

Current Principal Place of Business:

8561 NALLE GRADE RD.
N. FT MYERS, FL

New Principal Place of Business:

8561 NALLE GRADE RD.
N. FT MYERS, FL 33917

Current Mailing Address:

8561 NALLE GRADE RD.
N. FT MYERS, FL

New Mailing Address:

8561 NALLE GRADE RD.
N. FT MYERS, FL 33917

FEI Number: 20-2466616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, PATRICIA
8561 NALLE GRADE RD.
N. FT MYERS, FL US

Name and Address of New Registered Agent:

AUSTIN, PATRICIA
8561 NALLE GRADE RD.
N. FT MYERS, FL 33917 US

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:

04/26/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AUSTIN, PATRICIA
Address: 8561 NALLE GRADE RD.
City-St-Zip: N. FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AUSTIN, PATRICIA
Address: 8561 NALLE GRADE RD.
City-St-Zip: N. FT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA AUSTIN

D

04/26/2008

Electronic Signature of Signing Officer or Director

Date