## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P05000042519

1. Entity Name

BARBARA A. PUESTOW, P.A.



## **FILED** Feb 14, 2008 8:00 am Secretary of State 02-14-2008 90029 049 \*\*\*150.00

				<b>7</b>				
Principal Place of Business 6944 ST. AUGUSTINE ROAD SUITE A JACKSONVILLE, FL 32217		Mailing Address 6944 ST. AUGUSTINE ROAD SUITE A JACKSONVILLE, FL 32217		400	i i i i i i i i i i i i i i i i i i i		IL ONIDE KRED IOI	(TEI If IPBI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222008	Chg-P	CR2E03	4 (12/06)	
City & State		City & State		4. FEI Number 20-26323	 398			plied For t Applicable
Zíp	Country	Zip	Country	5. Certificate of	Status Desired		8.75 Add ee Required	itional i
6. Name and Address of Current Registered Agent 7. Name and Address of New Re							gent	
PUESTOW, BARBARA A			Name	Name Street Address (P.O. Box Number is Not Acceptable)				
6944 ST. AUGUSTINE ROAD SUITE A JACKSONVILLE, FL 32217			Street Addres		IS NOT ACCEPTABLE	9)	-	
			City			FL	Zip Code	9
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both,	in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent eignature requir	ed when reinstating)		DATE		·
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign File Trust Fund Contribution			· · · ·	5.00 May Be ided to Fees	·			**************************************
10,	OFFICERS AND	DIRECTORS	11,	ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	SIN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUESTOW, BARBARA A 6944 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32217	Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
,	JACKSONVILLE, I E 32217			······································			☐ Change	☐ Addition
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An I have been	Site that the interest is a constitution		Lattron-Br	ad in Chapter 110	Clasido Ctrautas I	المستديد مستاسية	li shasaha i	of a second in a

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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR