


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000073369  
 1. Entity Name  
 JANICE PERRY, P.A.



Principal Place of Business      Mailing Address  
 109 SHADY PARKWAY              109 SHADY PARKWAY  
 SARASOTA, FL 34232              SARASOTA, FL 34232

**DO NOT WRITE IN THIS SPACE**



04092008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 20-2878472      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
 PERRY, JANICE  
 109 SHADY PARKWAY  
 SARASOTA, FL 34232

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

UD00000839125  
 04/28/08-80026-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PERRY, JANICE
STREET ADDRESS	109 SHADY PARKWAY
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Janice Perry, P.A.      4/15/08      941-228-0848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #