

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90021 008 \*\*\*150.00

**DOCUMENT # P05000083109**

1. Entity Name  
**LOIS F. WILBUR, P.A.**



Principal Place of Business  
**2149 BROADMOOR LANE  
SPRING HILL, FL 34606**

Mailing Address  
**2149 BROADMANOR LANE  
SPRING HILL, FL 34606**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
**2149 BROADMOOR LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082008

Chg-P

CR2E034 (12/06)

City & State

City & State  
**SPRING HILL, FL**

4. FEI Number  
**20-2989806**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**34606**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILBUR, LOIS F  
2149 BROADMANOR LANE  
SPRING HILL, FL 34606**

7. Name and Address of New Registered Agent

Name

**WILBUR, LOIS F**

Street Address (P.O. Box Number is Not Acceptable)

**2149 BROADMOOR LANE**

City

**SPRING HILL**

**FL**

Zip Code

**34606**

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)

DATE

**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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPST  
WILBUR, LOIS F  
2149 BROADMOOR LANE  
SPRING HILL, FL 34606** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

*Lois F Wilbur*

**LOIS WILBUR**

*4/13/08 352 686-8167*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #