

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111966

Entity Name: PATRICIA E. CLAWSON, P.A.

FILED
Aug 07, 2007
Secretary of State

Current Principal Place of Business:

3887 TREE TOP DR.
WESTON, FL 33332

New Principal Place of Business:

Current Mailing Address:

3887 TREE TOP DR.
WESTON, FL 33332

New Mailing Address:

FEI Number: 01-0847422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAWSON, PATRICIA E
140 BONAVENTURE BLVD.
110
WESTON, FL 33326 US

Name and Address of New Registered Agent:

CLAWSON, PATRICIA E
3887 TREE TOP DRIVE
WESTON, FL 33332 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: PATRICIA E. CLAWSON, PA

08/07/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLAWSON, PATRICIA E
Address: 140 BONAVENTURE BLVD. # 110
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLAWSON, PATRICIA E
Address: 3887 TREE TOP DRIVE
City-St-Zip: WESTON, FL 33332

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 E. CLAWSON, PA

P

08/07/2007

Electronic Signature of Signing Officer or Director

Date