

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000128125

1. Entity Name

CRISTY LYNNE CARRINGTON, P.A.



Principal Place of Business

1691 BAHIA VISTA STREET
SARASOTA, FL 34239

Mailing Address

1691 BAHIA VISTA STREET
SARASOTA, FL 34239



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3455706

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

CARRINGTON, CRISTY L
1691 BAHIA VISTA STREET
SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

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

Cristy Lynne Carrington *Cristy Lynne Carrington* President
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

4/30/08
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

U000000950445
06/03/08-80070-003 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CARRINGTON, CRISTY LYNNE
STREET ADDRESS 1810 LINCOLN DRIVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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:

Cristy Lynne Carrington *Cristy Lynne Carrington* President
Signature and typed or printed name of signing officer or director 4/30/08 941-400-5046
Date Daytime Phone #