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

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P05000157249** 1. Entity Name

JO ANN SUTTON, P.A.



Principal Place of Business

**4763 DARNELL DRIVE** SEBRING, FL 33872

Mailing Address

**4763 DARNELL DRIVE** SEBRING, FL 33872

# **FILED** Apr 28, 2008 08:00 AN Secretary of State



01112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3962553 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CROW, LON W IV 211 NORTH COMMERCE AVENUE SEBRING, FL 33870

## DO NOT WRITE IN THIS SPACE

the unitgations of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and little i	applicable (NOTE Re	gistered Agent signature	required when reinstating)	DATE	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	,	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P SUTTON, JO ANN 4763 DARNELL DRIVE SEBRING, FL 33872					450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, JO ANN 4763 DARNELL DRIVE SEBRING, FL 33872			05/20/08-80010-024 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUTTON, JO ANN 4763 DARNELL DRIVE SEBRING, FL 33872 T SUTTON, JO ANN 4763 DARNELL DRIVE SEBRING, FL 33872			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ı.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 eath, 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.						

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