

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000014508

Entity Name: PAM WOLSZON, P.A.

FILED
May 19, 2009
Secretary of State

Current Principal Place of Business:

5055 CEDAR LANE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

5055 CEDAR LANE
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 20-4242443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, ANTHONY G JR
3275 W HILLSBORO BLVD #207
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MRS. () Delete
Name: WOLSZON, PAM
Address: 5055 CEDAR LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WOLSZON, PAMELA D MRS.
Address: 5055 CEDAR LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: V.P. () Change (X) Addition
Name: WOLSZON, GARY T MR.
Address: 5055 CEDAR LANE
City-St-Zip: BROOKSVILLE, FL 34601

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: PAMELA D. WOLSZON

PRES

05/19/2009

Electronic Signature of Signing Officer or Director

Date