

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000056570

Entity Name: MIMI S. WOLOK, P.A.

FILED
Jan 30, 2008
Secretary of State

Current Principal Place of Business:

1112 TRAIL TERRACE DRIVE
NAPLES, FL 341032306

New Principal Place of Business:

1248 FRANK WHITEMAN BLVD.
NAPLES, FL 34103

Current Mailing Address:

1112 TRAIL TERRACE DRIVE
NAPLES, FL 341032306

New Mailing Address:

1248 FRANK WHITEMAN BLVD.
NAPLES, FL 34103

FEI Number: 20-4765634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLOK, MIMI
1112 TRAIL TERRACE DRIVE
NAPLES, FL 341032306 US

Name and Address of New Registered Agent:

WOLOK, MIMI
1248 FRANK WHITEMAN BLVD.
NAPLES, FL 34103 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:

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLOK, MIMI S
Address: 1112 TRAIL TERRACE DRIVE
City-St-Zip: NAPLES, FL 341032306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOLOK, MIMI S
Address: 1248 FRANK WHITEMAN BLVD.
City-St-Zip: NAPLES, FL 34103

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: MIMI S. WOLOK

P

01/30/2008

Electronic Signature of Signing Officer or Director

Date