

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062895

FILED
Jan 17, 2008
Secretary of State

Entity Name: MAUREEN STEINMEYER, CPA, P.A.

Current Principal Place of Business:

225 W. STATE ROAD 434
SUITE 215
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

225 W. STATE ROAD 434
SUITE 215
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-4821517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEINMEYER, MAUREEN
225 W STATE RD 434, STE 215
LONGWOOD, FL 32750 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: STEINMEYER, MAUREEN
Address: 1200 VAN ARSDALE STREET
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: STEINMEYER, MAUREEN E
Address: 1200 VAN ARSDALE STREET
City-St-Zip: OVIEDO, FL 32765

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: MAUREEN E STEINMEYER

PVST

01/17/2008

Electronic Signature of Signing Officer or Director

Date