

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000093403

1. Entity Name
ELIZABETH RODRIGUEZ AND ASSOCIATES, INC.



Principal Place of Business
4846 TRINIDAD DRIVE
LAND O LAKES, FL 34639

Mailing Address
4846 TRINIDAD DRIVE
LAND O LAKES, FL 34639



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5214754

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, ELIZABETH M
4846 TRINIDAD DRIVE
LAND O LAKES, FL 34639

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

U000000935073
05/23/08-80058-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, ELIZABETH M
STREET ADDRESS	4846 TRINIDAD DRIVE
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	T
NAME	MYERS, JOSHUA
STREET ADDRESS	4610 PINNACLE HEIGHTS CIR APT 204
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

813.545.3316

Daytime Phone #