


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90214 025 ***150.00

DOCUMENT # P06000093893	
1. Entity Name THE LAW OFFICE OF MARTA I. COLL, P.A.	

Principal Place of Business 30355 US HWY. 19 NORTH, STE. H CLEARWATER, FL 33761	Mailing Address 30355 US HWY. 19 NORTH, STE. H CLEARWATER, FL 33761
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>P.O. Box 1013</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Oldsmar, FL</i>	City & State <i>FL</i>
Zip <i>34677</i>	Country <i>USA</i>

01092007 Chg-P CR2E034 (12/06)



4. FEI Number <i>20-5495103</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLL-SEIN, MARTA I. 30355 US HWY. 19 NORTH, STE. H CLEARWATER, FL 33761	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLL-SEIN, MARTA I. 30355 US HWY. 19 NORTH, STE. H CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1/9/07
Date

727-744-9048
Daytime Phone #