


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 11, 2008 8:00 am
Secretary of State

06-11-2008 90001 020 ***150.00

DOCUMENT # P06000117394

1. Entity Name
JILL CHALKLEY PA



Principal Place of Business
**3545 ROLLING TRAIL
 PALM HARBOR, FL 34684**

Mailing Address
**3545 ROLLING TRAIL
 PALM HARBOR, FL 34684**

2. Principal Place of Business - No P.O. Box #
10407 STIRRUP WAY

3. Mailing Address
10407 STIRRUP WAY

Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33624

Country
USA

Zip
33624

Country
USA



05312008 Chg-P CR2E034 (12/06)

4. FEI Number
20-5682040

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHALKLEY, JILL
 3545 ROLLING TRAIL
 PALM HARBOR, FL 34684**

7. Name and Address of New Registered Agent

Name
JILL CHALKLEY

Street Address (P.O. Box Number is Not Acceptable)
**10407 STIRRUP WAY
 TAMPA, FL 33626**

City
TAMPA

State
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALKLEY, JILL 3545 ROLLING TRAIL PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10407 STIRRUP WAY TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALKLEY, JASON 3545 ROLLING TRAIL PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10407 STIRRUP WAY TAMPA, FL 33626
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jill Chalkley **Jill Chalkley** 6/12/08 727-743-7286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #