

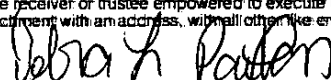
FILED
Feb 26, 2007 8:00 am
Secretary of State

4000 -

[illegible]02182007 Chg-P CR2E034 (12/06)

FBI Number: 205590774	Applied For
	Not Applicable

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

DOCUMENT # P06000121868			
1. Entity Name: DEBRA L. PAXTON, PA			
Principal Place of Business 1425 SW 10TH STREET CAPE CORAL, FL 33991 US		Mailing Address 1425 SW 10TH STREET CAPE CORAL, FL 33991 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #., etc.		Suite, Apt. #., etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent			
LARROW, PAUL L 3501 DEL PRADO BLVD. SUITE 312 CAPE CORAL, FL 33904			Name
			Street Address
			City
5. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.			
SIGNATURE Signature, typewritten, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		6. Election: Campaign Financing Trust Fund Contribution: ☐ Ad	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	TITLE
STREET ADDRESS	NAME		NAME
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
TITLE	NAME	☐ Delete	TITLE
STREET ADDRESS	NAME		NAME
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
TITLE	NAME	☐ Delete	TITLE
STREET ADDRESS	NAME		NAME
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
TITLE	NAME	☐ Delete	TITLE
STREET ADDRESS	NAME		NAME
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
TITLE	NAME	☐ Delete	TITLE
STREET ADDRESS	NAME		NAME
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6 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			