## 2008 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** May 07, 2008 08:00 AM Secretary of State **DOCUMENT # P06000145286** 1. Entity Name ROSEMARY LANGKAWEL, P.A. Principal Place of Business Mailing Address 159 SAN SALVADOR 159 SAN SALVADOR NAPLES, FL 34113 NAPLES, FL 34113 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5923762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LANGKAWEL, ROSEMARY DO NOT WRITE 159 SAN SALVADOR NAPLES, FL 34113 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 registored agent and title if applicable. (NOTE: Registered Agont signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000949579 Trust Fund Contribution. Added to Fees 06/03/08-80033-019 550.00 10. OFFICERS AND DIRECTORS TITLE LANGKAWEL, ROSEMARY NAME STREET ADDRESS 159 SAN SALVADOR NAPLES, FL 34113 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

RECTOR