

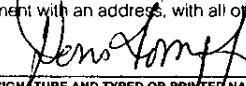


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**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90037 026 ***150.00

DOCUMENT # P07000010429					
1. Entity Name DORIS G. ROMPF, P.A.					
Principal Place of Business 8321 MANAVISTA ST. JACKSONVILLE, FL 32211			Mailing Address 8321 MANAVISTA ST. JACKSONVILLE, FL 32211		
2. Principal Place of Business - No P.O. Box # 9000 Regency Sq. Blvd.		3. Mailing Address 9000 Regency Sq. Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Jax FL			
City & State Jax, FL		City & State			
Zip 32211		Country USA			
4. FEI Number 20-8222842		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ROMPF, DORIS 8321 MANAVISTA ST. JACKSONVILLE, FL 32211			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVSD ROMPF, DORIS 8321 MANAVISTA ST. JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

ATTACHMENT

40104075

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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** The document number, business name and file date cannot be changed on the report. **

Document Number P07000010429

Business Entity Name DORIS G. ROMPF, P.A.

Original File Date 01/18/2007

FEI Number

Principal Address 8321 MANAVISTA ST.
JACKSONVILLE, FL 32211

Mailing Address 8321 MANAVISTA ST.
JACKSONVILLE, FL 32211

Registered Agent DORIS ROMPF
8321 MANAVISTA ST.
JACKSONVILLE, FL 32211

Officer/Director Name And Address

PVSD
DORIS ROMPF
8321 MANAVISTA ST.
JACKSONVILLE, FL 32211

X

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