

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90050 034 ***150.00

DOCUMENT # P07000057622					
1. Entity Name KARLYN E. ASKELAND, P.A.					
Principal Place of Business 5740 COLUMBIA CIR W PALM BEACH, FL 33407			Mailing Address 5740 COLUMBIA CIR W PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box # 233 ROYAL POINCIANA WAY #1		3. Mailing Address 233 ROYAL POINCIANA WAY #1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02272008 Chg-P CR2E034 (12/06)	
City & State PALM BEACH FL		City & State PALM BEACH FL		4. FEI Number 26-0209353	
Zip 33480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASKELAND ASKELAND, KARLYN E 5740 COLUMBIA CIR W PALM BEACH, FL 33407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 233 ROYAL POINCIANA WAY #1 City PALM BEACH FL Zip Code 33480		
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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME ASKELAND, KARLYN E STREET ADDRESS 5740 COLUMBIA CIR CITY-ST-ZIP W PALM BEACH, FL 33407			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 233 ROYAL POINCIANA WAY #1 STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Karlyn E. Askeland</i> - KARLYN ASKELAND 3/3/08 561-714-331					