




2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

04-24-2008 90092 045 ***150.00

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| DOCUMENT # P07000064502 | |  | |
| 1. Entity Name SALLY S. BARTHOLMEY, P.A. | | | |
| Principal Place of Business 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US | | Mailing Address 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 US | |
| 2. Principal Place of Business - No P.O. Box # 8200 113th St., N. Suite, Apt. #, etc. Ste 103 | | 3. Mailing Address P.O. Box 1407 Suite, Apt. #, etc. | |
| City & State SEMINOLE FL | | City & State DUNEDON FL | |
| Zip 33702 | Country USA | Zip 34697 | Country USA |
| 6. Name and Address of Current Registered Agent BARTHOLMEY, SALLY S 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 | | 4. FEI Number 26-0271125 Applied For <input type="checkbox"/> Not Applicable | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8200 113th St. Ste 103 City SEMINOLE FL Zip Code 33772 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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: 4/21/08 <small>Signature, typed or printed name of registered agent and local applicable. (NOTE: Registered Agent signature required when remaining)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES BARTHOLMEY, SALLY S 8666 SEMINOLE BLVD. SEMINOLE, FL 33772 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8200 113th St. Suite 103 SEMINOLE, FL 33772 |
| 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 |
| 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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| 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: SALLY S. BARTHOLMEY  | | DATE: 4/21/08 (727) 216-7640 <small>Daytime Phone #</small> | |

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04042008 Chg-P CR2E034 (12/06)