

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072872

Entity Name: JOANN A ELLIS, P.A.

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

1200 ALHAMBRA DRIVE  
FORT MYERS, FL 33901

## New Principal Place of Business:

242 BROOKSIDE ST.  
LEHIGH ACRES, FL 33936

## Current Mailing Address:

1200 ALHAMBRA DRIVE  
FORT MYERS, FL 33901

## New Mailing Address:

242 BROOKSIDE ST.  
LEHIGH ACRES, FL 33936

FEI Number: 26-0402135

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ELLIS, JOANN A  
1200 ALHAMBRA DRIVE  
FORT MYERS, FL 33901 US

## Name and Address of New Registered Agent:

ELLIS, JOANN A  
242 BROOKSIDE ST  
LEHIGH ACRES, FL 33936 US

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.

SIGNATURE: JOANN A ELLIS

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ELLIS, JOANN A  
Address: 1200 ALHAMBRA DRIVE  
City-St-Zip: FORT MYERS, FL 33901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ELLIS, JOANN A  
Address: 242 BROOKSIDE ST  
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN A ELLIS

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date