2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

5/1

FILED
Jun 05, 2008 8:00 am
Secretary of State
05-16-2008 90021 044 ***150.00

DOCUMENT # P07000084128

1. Entity Name

ISABELLA PHILLIPS DEJOHN, P.A.

Principal Place of Business	Mailing Address
8212 SHADOW PINE WAY SARASOTA FL 34238	8212 SHADOW PINE WAY SARASOTA FL 34238

1st MOORE CR2E034 (10/07)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
8212 Shadow Pine Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sarasota FL		City & State	
Zip: 34238	Country: USA	Zip	Country

4. FEI Number: 26-0665393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name: Isabella Phillips DeJohn
Street Address (P.O. Box Number is Not Acceptable): 8212 Shadow Pine Way
City: Sarasota FL Zip Code: 34238

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.

Isabella Phillips DeJohn

SIGNATURE: Isabella P. DeJohn DATE: 4/24/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEJOHN, ISABELLA		NAME	
STREET ADDRESS	8212 SHADOW PINE WAY		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34238		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Isabella Phillips DeJohn Isabella Phillips DeJohn

SIGNATURE: Isabella P. DeJohn Isabella P. DeJohn 941-921-1196

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #