


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-06-2008 90036 029 ***150.00

DOCUMENT # P07000100301					
1. Entity Name ANNAMARIE SMOYER, P.A.					
Principal Place of Business 6220 RIVERSIDE COURT NORTH FORT MYERS, FL 33917 US			Mailing Address 6220 RIVERSIDE COURT NORTH FORT MYERS, FL 33917 US		
2. Principal Place of Business - No P.O. Box # 6220 Rivershore Court			3. Mailing Address 6220 Rivershore Court		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State North Ft Myers, FL			City & State North Ft Myers, FL		
Zip 33917		Country US		4. FEI Number 26-0866499	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SMOYER, ANNAMARIE 6220 RIVERSIDE COURT NORTH FORT MYERS, FL 33917					
7. Name and Address of New Registered Agent Name: AnnaMarie Smoyer Street Address (P.O. Box Number is Not Acceptable): 6220 Rivershore Court City: North Ft Myers FL Zip Code: 33917					
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: <i>[Signature]</i> 1/29/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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					
TITLE P NAME SMOYER, ANNAMARIE STREET ADDRESS 6220 RIVERSIDE COURT CITY-ST-ZIP NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME AnnaMarie Smoyer STREET ADDRESS 6220 Rivershore Court CITY-ST-ZIP North Ft Myers, FL 33917					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<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: <i>[Signature]</i> AnnaMarie Smoyer 1/29/08 239-567-1991 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					