## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 12, 2008 8:00 am Secretary of State

DOCUMENT # P07000132162  1. Entity Name LAURA BURNS, P.A.						06-12-2008 9	_		
Principal Place of B	lusiness	Mailing Address			יטע	U22000			
141 JUNE CT. MARCO ISLAND, FI		141 JUNE CT. MARCO ISLAND, FL 34	145 US		1168/1681111		II (1888 1178 118	FI 11318 B1NG M	(† <b>888 () (88</b> 1
2. Principal Place of Business - No. P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05162008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		4. FEI Number	-			plied For at Applicable	
Zip			Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
6.	Name and Address of Current F	Registered Agent	No	ıme	7. Name and A	ddress of New R	egistered A	gent	
BURNS, LAURA 141 JUNE CT. MARCO ISLAND, FL 34145				Street Address (P.O. Box Number is Not Acceptable)					
			Cit	ty			FL	Zip Code	э
8. The above name the obligations o	ed entity submits this statement for of registered agent.	the purpose of changing its	registered off	fice or registe	red agent, or both	, in the State of Flo	rida. I am f	amiliar with,	and accept
SIGNATURE	ure, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agen	t signature require	d when reinstating)	-	DATE		
FILE NOW!!! FEE IS \$150.00  Due by September 12, 2008  9. Election Campaign Fin Trust Fund Contribution				□ <b>\$5</b>	5.00 May Be ded to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND	DIRECTORS	3 IN 11
STREET ADDRESS 141	P Delete BURNS, LAURA 141 JUNE CT. MARCO ISLAND, FL 34145		: TITLE : Name : Street add : City-St-Zi					☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08

642-5000

Daytime Phone #