

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081357

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** MARY LYNN DESJARLAIS, P.A.

**Current Principal Place of Business:**

2750 STICKNEY POINT ROAD  
SUITE #201  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

2750 STICKNEY POINT ROAD  
SUITE #201  
SARASOTA, FL 34231

**New Mailing Address:**

2750 STICKNEY POINT ROAD  
SUITE #201  
SARASOTA, FL 34231 US

**FEI Number:** 65-0451806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DESJARLAIS, MARY LYNN  
2750 STICKNEY POINT ROAD  
SUITE #201  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DESJARLAIS, MARY LYNN  
Address: 2750 STICKNEY POINT ROAD, SUITE 201  
City-St-Zip: SARASOTA, FL 34231

I hereby 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 all other like empowered.

SIGNATURE: MARY LYNN DESJARLAIS

P

03/18/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date