


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000050192

1. Entity Name
ELIZABETH L. TRACY, M.A., P.A.



Principal Place of Business 444 GOLDEN BEACH BLVD. VENICE, FL 34285	Mailing Address 444 GOLDEN BEACH BLVD. VENICE, FL 34285
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0502703	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRACY, ELIZABETH L
 444 GOLDEN BEACH BLVD.
 VENICE, FL 34285**

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D	TRACY, ELIZABETH L
NAME	444 GOLDEN BEACH BLVD.
STREET ADDRESS	VENICE, FL 34285
CITY-ST-ZIP	
TITLE D	TRACY, DENNIS J
NAME	444 GOLDEN BEACH BLVD.
STREET ADDRESS	VENICE, FL 34285
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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 4 changed, or on an attachment with an address, with all other like empowered.