



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90023 038 ***150.00

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|--|---|--|--|---|--|
| DOCUMENT # P94000089641 1. Entity Name DEAN G. POOLE, C.P.A., P.A. | | | |  | |
| Principal Place of Business 2531 NW 41ST STREET SUITE A2 GAINESVILLE, FL 32606 US | | | | Mailing Address 2531 NW 41ST STREET SUITE A2 GAINESVILLE, FL 32606 US | |
| 2. Principal Place of Business - No P.O. Box # 2531 NW 41ST STREET | | 3. Mailing Address 2531 NW 41ST STREET | |  | |
| Suite, Apt. #, etc. SUITE D | | Suite, Apt. #, etc. SUITE D | | 04172008 Chg-P CR2E034 (12/06) | |
| City & State GAINESVILLE, FL | | City & State GAINESVILLE, FL | | 4. FEI Number 59-3279506 | |
| Zip 32606 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent POOLE, DEAN G 2531 NW 41ST STREET SUITE A2 GAINESVILLE, FL 32606 | | | | 7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2531 NW 41ST STREET SUITE D City GAINESVILLE FL Zip Code 32606 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD POOLE, DEAN G. 2531 NW 41ST STREET SUITE A2 GAINESVILLE, FL 32606 | | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| PD POOLE, DEAN G 2531 NW 41ST STREET, SUITE D GAINESVILLE, FL 32606 | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| (Empty rows for additional officers/directors) | | | | | |
| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 04/17/08 (352) 377-7905 <small>Date Daytime Phone #</small> | |