


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90386 017 ***150.00

DOCUMENT # P95000026271																																																																																																																																			
1. Entity Name GINGER L. PERUSEK, P.A.																																																																																																																																			
Principal Place of Business 2424 MANATEE AVENUE WEST SUITE 205 BRADENTON, FL 34205 US			Mailing Address 2424 MANATEE AVENUE WEST SUITE 205 BRADENTON, FL 34205 US																																																																																																																																
2. Principal Place of Business - No P.O. Box # 100 Third Ave. W.		3. Mailing Address 100 Third Ave. W.																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State Bradenton FL		City & State Bradenton FL		4. FEI Number 65-0573265																																																																																																																															
Zip 34205		Country Manatee		Applied For Not Applicable																																																																																																																															
6. Name and Address of Current Registered Agent PERUSEK, GINGER L 2424 MANATEE AVENUE WEST SUITE 205 BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name: <u>Rerusek, Ginger L.</u> Street Address (P.O. Box Number is Not Acceptable): 100 Third Ave. West City: <u>Bradenton</u> FL Zip Code: <u>34205</u>																																																																																																																															
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: <u>[Signature]</u> DATE: <u>4/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">DPT</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">PERUSEK, GINGER L</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">2424 MANATEE AVE W #205</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">100 Third Ave. W.</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">BRADENTON, FL 34205</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">Bradenton FL 34205</td> <td></td> </tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Delete</td><td style="padding: 2px;">TITLE</td><td style="padding: 2px;"></td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">NAME</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">STREET ADDRESS</td><td style="padding: 2px;"></td><td></td></tr> <tr><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td><td style="padding: 2px;">CITY-ST-ZIP</td><td style="padding: 2px;"></td><td></td></tr> </table>						10. 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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: <u>[Signature]</u> DATE: <u>4/25/08</u> 941 745-1500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			