

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90038 045 ***150.00

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1. Entity Name

BARBARA MATHEWS TRESCOTT, P.A.



Principal Place of Business

421 NORWOOD CT
FORT MYERS FL 33919
US

Mailing Address

9131 COLLEGE PKWY
UNIT B-13, #129
FORT MYERS FL 33919
US

2. Principal Place of Business - No P.O. Box #

2069 First Street

3. Mailing Address

2069 First Street

Suite, Apt. #, etc.

Suite #204

Suite, Apt. #, etc.

Suite #204

City & State

Fort Myers FL

City & State

Fort Myers, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

6. Name and Address of Current Registered Agent

TRESCOTT, BARBARA M
421 NORWOOD CT
FORT MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D P** ☐ Delete
NAME **TRESCOTT, BARBARA M. DIR**
STREET ADDRESS **9131 COLLEGE PKWY, UNIT B-13, #129**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **BARBARA MATHEWS TRESCOTT**
STREET ADDRESS **2069 First St. #204**
CITY-ST-ZIP **Fort Myers, FL 33919** **Address**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Barbara Mathews Trescott
BARBARA MATHEWS TRESCOTT

4/29/08

239 936 5652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #