

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000003123

1. Entity Name
KATHY D. SHEIVE, P.A.



Principal Place of Business
318 N. JOHN YOUNG PKWY
STE 1
KISSIMMEE, FL 34741

Mailing Address
318 N. JOHN YOUNG PKWY
STE 1
KISSIMMEE, FL 34741

DO NOT WRITE IN THIS SPACE

**FILED
Jan 23, 2008 8:00 am
Secretary of State**

01-23-2008 90009 008 ***150.00



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3353385	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

SHEIVE, KATHY D ESQ.
318 N. JOHN YOUNG PKWY
STE 1
KISSIMMEE, FL 34741

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IN THIS SPACE**

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 reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SHEIVE, KATHY D ESQ
318 N. JOHN YOUNG PKWY, SUITE X
KISSIMMEE, FL 34741

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Kathy D. Sheive
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/08 *(407)944-4010*
Date Daytime Phone #