

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90001 039 ***150.00

DOCUMENT # P96000039755 1. Entity Name JOAN M. GUSTAFSON, P.A.			
Principal Place of Business RE/MAX ADVANTAGE 10138 US 19 PORT RICHEY, FL 34668 US		Mailing Address 40138 US 19 PORT RICHEY, FL 34668 US	
2. Principal Place of Business - No P.O. Box # 7801 Mitchell Blvd Suite, Apt. #, etc.		3. Mailing Address 7801 Mitchell Blvd Suite, Apt. #, etc.	
City & State New Port Richey FL Zip 34655		City & State New Port Richey FL Zip 34655	
4. FEI Number 59-3436998		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRISTINE M BIGELOW, CPA, PA 6630 EMBASSY BLVD SUITE B PORT RICHEY, FL 34668-4737		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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><i>Joan M. Gustafson</i></u> DATE: <u>5-23-08</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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUSTAFSON, JOAN M 10138 U.S. HIGHWAY 19 PORT RICHEY, FL 34668 <i>7801 Mitchell Blvd</i> <i>New Port Richey FL</i> <i>34655</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GUSTAFSON, SELENA M 10138 U.S. HIGHWAY 19 PORT RICHEY, FL 34668 <i>7801 Mitchell Blvd</i> <i>New Port Richey</i> <i>34655</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>Joan M. Gustafson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>5-23-08</u> Daytime Phone #: <u>727 514-5662</u>	