

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000041507

Entity Name: GAIL E. STEVENS, P.A.

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

412 NE FOURTH ST  
FT LAUDERDALE, FL 333011152

**New Principal Place of Business:**

**Current Mailing Address:**

412 NE FOURTH ST  
FT LAUDERDALE, FL 333011152

**New Mailing Address:**

FEI Number: 65-0673453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVENS, GAIL E  
412 NE FOURTH ST  
FT LAUDERDALE, FL 333011152 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STEVENS, GAIL E  
Address: 412 NE FOURTH ST  
City-St-Zip: FT LAUDERDALE, FL 333011152

Title: PD  
Name: STEVENS, GAIL E  
Address: 412 NE FOURTH ST  
City-St-Zip: FORT LAUDERDALE, FL 333011152

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL E. STEVENS

P/D

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date