


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90111 006 ***150.00

DOCUMENT # P96000070409 1. Entity Name BARBARA L. KELNER, P.A.					
Principal Place of Business P.O. BOX 3451 HOMESASSA SPRINGS, FL 34447			Mailing Address P.O. BOX 3451 HOMESASSA SPRINGS, FL 34447		
2. Principal Place of Business - No P.O. Box # 5712 S SUNCOAST BLVD		3. Mailing Address PO BOX 3451			
Suite, Apt. #, etc. C		Suite, Apt. #, etc.			
City & State HOMOSASSA FL		City & State HOMOSASSA SPRINGS FL		4. FEI Number 59-3398903	
Zip 34446		Country CITRUS		Zip 34447	
Country CITRUS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KELNER, BARBARA L 57 JAMAICA ST HOMASASSA, FL 34446				7. Name and Address of New Registered Agent Name KELNER BARBARA L Street Address (P.O. Box Number is Not Acceptable) 57 JAMAICA ST City HOMOSASSA FL Zip Code 34446	
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>Barbara L Kelner</i></u> DATE <u><i>4-23-08</i></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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KELNER, BARBARA L 57 JAMAICA ST. HOMESASSA SPRINGS, FL 34446	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KELNER BARBARA L 57 JAMAICA ST HOMOSASSA FL 34446	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KELNER BARBARA L 57 JAMAICA ST HOMOSASSA FL 34446	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS KELNER BARBARA L 57 JAMAICA ST HOMOSASSA FL 34446	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Barbara L Kelner</i></u> <u><i>BARBARA L KELNER</i></u> <u><i>4-23-08</i></u> <u><i>628 1616</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					