2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000081036

1. Entity Name

THERESA M. SKAHILL, P.A.

Principal Place of Business

Mailing Address

2424 MANATEE AVE WEST STE 102

BRADENTON, FL 34205 US

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BRADENTON, FL 34205 US

FILED Jan 24, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0704543

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Addre	s of Current	Registered Ag	jent

SKAHILL, THERESA M P.A. 2424 MANTEE AVE. WEST STE 102 BRADENTON, FL 34205

DO NOT WRITE IN THIS SPACE

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8. The above the obliga	e named entity submits this statement for the pations of registered agent.	ourpose of changing its regist	ered office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and life	il applicable (NOTE: Regist	ered Agent signature r	d Agent signature required when reinstating? DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution S5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS	· · · · · · · · · · · · · · · · · · ·	•		
NAME STREET ADDRESS CITY-ST-ZIP	D SKAHILL. THERESA M 2424 MANATEE AVE W SRE 102 BRADENTON, FL 34205				U00000792758	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·				01/24/08-80021-018 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ;	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	
TITLE 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.21.08

941-746-5577

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Daytime Phone *