


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90027 033 ***150.00

DOCUMENT # P96000088453 1. Entity Name LAURIE A. GULLO, P.A.					
Principal Place of Business 4175 WOODLANDS PARKWAY PALM HARBOR, FL 34685			Mailing Address 4175 WOODLANDS PARKWAY PALM HARBOR, FL 34685		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt., #, etc.		Suite, Apt., #, etc.			
City & State		City & State		04092008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-3438408	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, R C 1253 PARK STREET CLEARWATER, FL 34616				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GULLO, LAURIE A <input type="checkbox"/> Delete 29259 US HIGHWAY 19 NORTH CLEARWATER, FL 33761				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GULLO, ROBERT K <input type="checkbox"/> Delete 4962 RIDGEMOOR BLVD PALM HARBOR, FL 34685				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Gullo, Laurie A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4175 Woodlands Pkwy Palm Harbor, FL 34685				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gullo, Robert K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4175 Woodlands Pkwy Palm Harbor, FL 34685				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Laurie A. Gullo</u> 4/15/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					