


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90039 011 ***150.00

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| DOCUMENT # P96000100707 |  |
| 1. Entity Name DIANA L. GOEBEL, P.A. | |

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| Principal Place of Business 697 VAILL POINT RD. ST. AUGUSTINE, FL 32086 | Mailing Address 697 VAILL POINT RD. ST. AUGUSTINE, FL 32086 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

40050140



02072008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-3420421 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent O'CONNELL, W.H. CPA 2200 W PONCE DE LEON BLVD #10 SAINT AUGUSTINE, FL 32084 | 7. Name and Address of New Registered Agent Name (same) Street Address (P.O. Box Number is Not Acceptable) 2825 Lewis Speedway Suite 104 City St Augustine FL Zip Code 32084 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|

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| 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 |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOEBEL, DIANA L 697 VAILL POINT RD. ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST GOEBEL, DIANA L 697 VAILL POINT RD. ST. AUGUSTINE, FL 32086 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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.

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| SIGNATURE: <u>Diana Goebel</u> | Date <u>3/11/08</u> | Daytime Phone # _____ |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |