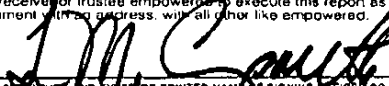


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4012073
TALLAHASSEE FLORIDA

DOCUMENT # P97000036726 1. Entity Name LAW OFFICES OF TANYA M. COMPARETTO, P.A.						07 JUN 21 PM 1:15 40120730 STATE OF FLORIDA	
Principal Place of Business 114 N. TENNESSEE AVE SUITE #204 LAKELAND, FL 33803				Mailing Address 114 N. TENNESSEE AVE SUITE #204 LAKELAND, FL 33803			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent COMPARETTO, TANYA M 114 N. TENNESSEE AVE SUITE #204 LAKELAND, FL 33803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: This should be Agent's signature required when revisiting) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D COMPARETTO, TANYA M 324 EUNICE ROAD LAKELAND, FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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.							
SIGNATURE: 				6-11-07 863-686-6883			
Typed or printed name of signing officer or director				Date Daytime Phone #			