


2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000036726		
1. Entity Name LAW OFFICES OF TANYA M. COMPARETTO, P.A.		

FILED
10 MAY 17 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 114 N. TENNESSEE AVE SUITE #204 LAKELAND, FL 33801	Mailing Address 114 N. TENNESSEE AVE SUITE #204 LAKELAND, FL 33801
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2. Principal Place of Business - No P.O. Box # 1937 E. Edgewood Drive	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05062010 Chg-P CR2E034 (11/08)

City & State Lakeland, FL	City & State	4. FEI Number 59-3449236	Applied For <input type="checkbox"/> Not Applicable
Zip 33803	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COMPARETTO, TANYA M 114 N. TENNESSEE AVE 1937 E. Edgewood Dr. SUITE #204 LAKELAND, FL 33801 Lakeland, FL 33803 Email: Tanya@tmclaw.net		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

SIGNATURE *Tanya M. Comparetto* DATE **5-12-10**

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 24, 2010	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D COMPARETTO, TANYA M 324 EUNICE ROAD 1937 E. Edgewood Dr. LAKELAND, FL 33803	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700180572927 05/07/10--0103--012 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 addressee, with all other like empowered

SIGNATURE: *Tanya M. Comparetto* **5-12-10 863-686-6883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-10