

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90021 030 ***150.00

DOCUMENT # P98000029989

1. Entity Name

KAREN K. SCHROLL, P.A.



Principal Place of Business

BISCAYNE BUILDING
19 WEST FLAGLER STREET, STE 705
MIAMI FL 33130
US

Mailing Address

BISCAYNE BUILDING
19 WEST FLAGLER STREET, STE 705
MIAMI FL 33130
US



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

4. FEI Number

65-0822627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHROLL, KAREN K
BISCAYNE BUILDING SUITE 507
19 WEST FLAGLER STREET
MIAMI FL 33130

Name Schroll, Karen K.

Street Address (P.O. Box Number is Not Acceptable)

6455 SW 124th

City Pinecrest, Fla.

FL

Zip Code 33156

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

Karen K. Schroll 1-29-08

(Signature, typed or printed name of registered agent and date, if applicable.)

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
D
SCHROLL, KAREN K
STREET ADDRESS
19 WEST FLAGLER ST., SUITE 705
CITY-ST-ZIP
MIAMI FL 33130

TITLE ☐ Change ☐ Addition
NAME
Karen K. Schroll
STREET ADDRESS
6455 S.W. 124th St
CITY-ST-ZIP
Pinecrest, Fla. 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Section 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 so empowered.

SIGNATURE:

Karen K. Schroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #