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Mar 03, 2008 8:00 am
Secretary of State

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01-22-2008 90066 032 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000058217

1. Entity Name
GREG KARLSON, P.A.

66002046

01042008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
721 US 27 SOUTH SEBRING, FL 33870	721 US 27 S. SEBRING, FL 33870
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: 59-3520762 ☐ 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
KARLSON, PAMELA TAYLOR 531 DEEN BLVD LAKE PLACID, FL 33852 301 DAL HALL BLVD Lake Placid, FL 33852	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: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. $5.00 May Be

10. OFFICERS AND DIRECTORS		☐ Delete
TITLE	D	
NAME	KARLSON, GREGORY	
STREET ADDRESS	121 WATERSEDGE LANE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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11. ... IN 11 ☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Addition ☐ Change ☐ Addition

PAYMENT HAS BEEN SENT PREVIOUSLY.

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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #