


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90092 017 ***150.00

DOCUMENT # P99000024835	
1. Entity Name MARY JO SELDEN, P.A.	

Principal Place of Business 26765 LOST WOODS CIRCLE BONITA SPRINGS, FL 34135 <i>3451 Riviera Circle</i> <i>Bonita Springs, FL 34134</i>	Mailing Address 26765 LOST WOODS CIRCLE BONITA SPRINGS, FL 34135 <i>3451 Riviera Circle</i> <i>Bonita Springs, FL 34134</i>
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01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3563903	Applied For <input type="checkbox"/> 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 SELDEN, MARY JO 26765 LOST WOODS CIRCLE <i>3451 Riviera Circle</i> BONITA SPRINGS, FL 34135 <i>34134</i>

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELDEN, MARY JO 26765 LOST WOODS CIRCLE <i>3451 Riviera Circle</i> BONITA SPRINGS, FL 34135 <i>34134</i>
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IN THIS SPACE**

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: *Mary Jo Selden*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/11/07* Daytime Phone #