


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90014 020 \*\*\*150.00

**DOCUMENT # P99000057348**

1. Entity Name  
**EILEEN M. PICKERING, P.A.**



Principal Place of Business      Mailing Address

**4428 LIVE OAK BOULEVARD  
 PALM HARBOR, FL 34685**      **2907 NORTHFIELD DR.  
 TARPON SPRINGS, FL 34688**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**2919 Grey Oaks Blvd**      **2919 Grey Oaks Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



01232008      Chg-P      CR2E034 (12/06)

City & State      City & State

**TARPON SPRINGS, FL**      **TARPON SPRINGS, FL**

Zip      Country      Zip      Country

**34688**      **Pinellas**      **34688**      **Pinellas**

4. FEI Number      Applied For

**65-0937997**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PICKERING, EILEEN M  
 4428 LIVE OAK BOULEVARD  
 PALM HARBOR, FL 34685**

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: *Eileen M. Pickering*      DATE: 1/27/08

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

**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 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PICKERING, EILEEN M</b>	
STREET ADDRESS	<b>4428 LIVE OAK BOULEVARD</b>	
CITY-ST-ZIP	<b>PALM HARBOR, FL 34685</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>2919 Grey Oaks Blvd</b>	
STREET ADDRESS	<b>TARPON SPR, FL 34688</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Eileen M. Pickering*      DATE: 1/27/08

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