


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 **2907 NORTHFIELD DR.**
PALM HARBOR, FL 34685 **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	D	<input type="checkbox"/> Delete
NAME	PICKERING, EILEEN M	
STREET ADDRESS	4428 LIVE OAK BOULEVARD	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
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		
STREET ADDRESS	2919 Grey Oaks Blvd	
CITY-ST-ZIP	Tarpon Spg, FL 34688	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #