

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000077041

**FILED**  
**Jan 15, 2008**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF JO ANN B. KOTZEN, P.A.

**Current Principal Place of Business:**

500 S. AUSTRALIA AVE, 6TH FLOOR  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

500 SOUTH AUSTRALIAN AVE.  
6TH FLOOR  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

POST OFFICE BOX 1327  
WEST PALM BEACH, FL 334021327

**New Mailing Address:**

500 SOUTH AUSTRALIAN AVE.  
6TH FLOOR  
WEST PALM BEACH, FL 33401

**FEI Number:** 65-0952450

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOTZEN, JO ANN BARONE  
1217 N. FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

BARONE, JO ANN ESQ.  
500 SOUTH AUSTRALIAN AVE.  
6TH FLR.  
WEST PALM BEACH, FL 33401 US

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.

**SIGNATURE:** JO ANN BARONE

01/15/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** KOTZEN, JO ANN B  
**Address:** 1217 N. FLAGLER DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** P (X) Change ( ) Addition  
**Name:** BARONE, JO A PRES.  
**Address:** 500 SOUTH AUSTRALIAN AVE., 6TH FLR  
**City-St-Zip:** WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JO ANN BARONE

PRES

01/15/2008

Electronic Signature of Signing Officer or Director

Date