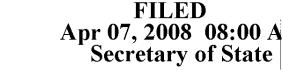
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S78032 1. Entity Name GLORIA W. FLETCHER, P.A. Principal Place of Business Mailing Address







DO NOT WRITE IN THIS SPACE

4510 N.W. 6TH PLACE

GAINESVILLE, FL 32607

THIRD FLOOR

CR2E034 (11/05) No Chg-P 02012008

4. FEI Number	-	Applied For
59-3083442		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

FLETCHER, GLORIA W. 4510 N.W. 6TH PLACE THIRD FLOOR GAINESVILLE, FL 32607

SIGNATURE:

the obligations of registered agent.

4510 N.W. 6TH PLACE

GAINESVILLE, FL 32607

THIRD FLOOR

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and title it applicable (NOTE Register	red Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution		
10.	OFFICERS AND DIRECTORS	19. 19. 19. 金钱镇广县	The same of the same of the same of
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLETCHER, GLORIA W. 4510 N.W. 6TH PLACE, THIRD FLOOR GAINESVILLE, FL 32607		U00000884610 }
TITLE NAME STREET ADDRESS CITY-ST-ZIP			104/17/08-80050-022-150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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 frequency in the 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 attackment with an address, with all other like empowered.			

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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