## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S89671

Entity Name: PATRICK A. CAREY, P.A.

FILED Jan 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1320 N SEMORAN BLVD 10967 LAKE UNDERHILL ROAD

100 125

ORLANDO, FL 32807 ORLANDO, FL 32825

**Current Mailing Address: New Mailing Address:** 

P O BOX 574226 10967 LAKE UNDERHILL ROAD ORLANDO, FL 329574226 US

ORLANDO, FL 32825 US

FEI Number: 59-3086772 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CAREY, PATRICK A ESQUIRE CAREY, PATRICK A ESQUIRE 1320 N SEMORAN BLVD 100 10967 LAKE UNDERHILL ROAD ORLANDO, FL 32807

ORLANDO, FL 32825 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: 01/23/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

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

Title: ( ) Delete Title: (X) Change ( ) Addition

CAREY, PATRICK A CAREY, PATRICK A Name: Name:

10967 LAKE UNDERHILL ROAD UNIT 125 1320 N. SEMORAN BLVD. SUITE 100 Address: Address:

City-St-Zip: ORLANDO, FL 32807 City-St-Zip: ORLANDO, FL 32825

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.

Ρ SIGNATURE: PATRICK A. CAREY 01/23/2008