2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 09, 2008 08:00 AP Secretary of State

ANNUAL REPORT					Apr 09, 2008 08:0			
1. Entity Nam	MENT # V14792 THE J. TOWNSEND, P.A.				,	Secre	tary of St	
· '	ERTSON ROAD	Mailing Address 27113 ROBERTSON ROAD YALAHA, FL 34797			Si 4411 8384 1810 1818 1818		(\$ 0,011 0,51051 1,130	
DO NOT WRITE IN THIS SPA			CE	01172008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-3107556 Not Applicable				
	. ,		•	5. Certificate	of Status Desired		3.75 Additional e Required	
TOWNSEND, DEBORAH J ESQ 27113 ROBERTSON ROAD YALAHA, FL 34797 8. The above named entity submits this statement for the purpose of changing its register.			ed office or registr	IN ·	NOT W	ACE	niliar with, and accept	
the obligat	tions of registered agent. Signature, typed or printed name of registered agent and to	tile i applicable (NOTE Registere	ad Agent signature requir	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				5.00 May Be Ided to Fees	i. Vanno	0887372		
10.	OFFICERS AND DIR	ECTORS			<u> </u>	-80017-	019 150.00	
NAME STREET ADDRESS CITY-ST-ZIP	PD TOWNSEND, DEBORAH J ESQ 27106 ROBERTSON RD YALAHA, FL 34797						•	
NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE		
TITLE NAME STREET ADDRESS								

12. Thereby certify that the information supplied with this filling 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 anadress) with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/18 ~352\324=3262