I hereby 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 all other like empowered.

DPT

#### SIGNATURE: WANDA PETERSEN

Electronic Signature of Signing Officer/Director Detail

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:

Officer/Director Detail :				
Title	DPT	Title	S	
Name	PETERSEN, WANDA J	Name	PETERSEN, JAMES	
Address	116 OSPREY RIDGEWAY	Address	116 OSPREY RIDGEWAY	
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082	

# Name and Address of Current Registered Agent:

PETERSEN, WANDA J 116 OSPREY RIDGEWAY PONTE VEDRA BEACH, FL 32082 US

## **2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000103193

Entity Name: WANDA JOANN PETERSEN, P.A.

### **Current Principal Place of Business:**

116 OSPREY RIDGEWAY PONTE VEDRA BEACH, FL 32082

### **Current Mailing Address:**

**116 OSPREY RIDGEWAY** PONTE VEDRA BEACH, FL 32082 US

## FEI Number: 45-4007685

Electronic Signature of Registered Agent

04/03/2019

## FILED Apr 03, 2019 Secretary of State 7211637140CC

Date

Certificate of Status Desired: No

Date