


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 546565</b> 1. Entity Name <b>BILLING, COCHRAN, HEATH, LYLES, MAURO &amp; ANDERSON, P.A.</b>	
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Principal Place of Business <b>888 S.E. 3RD AVE. #301 FT. LAUDERDALE, FL 33316</b>	Mailing Address <b>888 S.E. 3RD AVE. #301 FT. LAUDERDALE, FL 33316</b>
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07092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1756046</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HEATH, THOMAS C. 1684 S.W. 20TH AVE. BOCA RATON, FL 33486</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>U00000768306</b> <b>07/12/07 0000000000 150.00</b>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HEATH, THOMAS C 1684 S.W. 20 AVENUE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAIG, WILLIAM T 4400 N E 30TH TERRACE LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMV COCHRAN, CLARK J 4300 NE 22ND AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LYLES, DENNIS E 1532 PONCE DE LEON DR FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAURO, JOHN W 1151 N. FT. LAUDERDALE BEACH BLVD., #17B FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, GREGORY T 2385 S.E. 8TH ST. POMPANO BEACH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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 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 address, with all other like empowered.

SIGNATURE: 	<b>Clark J. Cochran, Jr.</b>	<b>7/9/07</b>	<b>954-764-7150</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>