


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 665477
 1. Entity Name
LAW OFFICES OF JEROLD HART, P.A.



Principal Place of Business Mailing Address
200 EAST BROWARD BOULEVARD **C/O JEROLD HART 22242 E. RIDGE TRAIL DRIVE**
SUITE 1100 WACHOVIA CENTER **AURORA, CO 80016**
FORT LAUDERDALE, FL 33301



04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2010871 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HART, JEROLD ESQUIRE
200 EAST BROWARD BOULEVARD
SUITE 1100 WACHOVIA CENTER
FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000914951
 05/08/08-80075-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HART, JEROLD ESQUIRE 22242 E. RIDGE TRAIL DRIVE AURORA, CO 80016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTC HART, JEROLD ESQUIRE 22242 E. RIDGE TRAIL DRIVE AURORA, CO 80016
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

[Handwritten Signature] *[Handwritten Name]* *[Handwritten Date]* *[Handwritten Phone]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #