


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000003562

1. Entity Name
 STEPHEN A. ESTRIN & CO., INC.



Principal Place of Business
 2114 BISPHAM RD., SUITE 3
 SARASOTA, FL 34231

Mailing Address
 2114 BISPHAM RD., SUITE 3
 SARASOTA, FL 34231



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 14-1564754

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ESTRIN, KAREN J
 2114 BISPHAM RD., SUITE 3
 SARASOTA, FL 34231

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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: *Karen J. Estrin* (NOTE: Registered Agent signature required when reinstating) DATE: *1/8/08*

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | P |
| NAME | ESTRIN, STEPHEN A |
| STREET ADDRESS | 2114 BISPHAM RD., SUITE 3 |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | VS |
| NAME | WOLSTENHOLME, GEORGE V |
| STREET ADDRESS | 2114 BISPHAM RD., SUITE 3 |
| CITY-ST-ZIP | SARASOTA, FL 34231 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 fees empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/8/08* Daytime Phone #: *954-964-9641*