

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90016 027 ***150.00

DOCUMENT # P93000050807

1. Entity Name
CAPLAN & HARTNETT, CPA'S, P.A.



Principal Place of Business
**14595 CRYSTAL VIEW LANE
JACKSONVILLE, FL 32225 US**

Mailing Address
**POST OFFICE BOX 48413
JACKSONVILLE, FL 32247-8413 US**



07092008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3314116

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HARTNETT, STEPHANIE
14595 CRYSTAL VIEW LANE
JACKSONVILLE, FL 32250**

**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

Stephanie Hartnett

(NOTE: Registered Agent signature required when reinstating)

7/9/2008

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARTNETT, STEPHANIE L CPA
14545 CRYSTAL VIEW LANE
JACKSONVILLE BEACH, FL 32250**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #