2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000088621

1. Entity Name

MAITLAND LAW CENTRE, INC.



FILED Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business

159 LOOKOUT PL. SUITE 101

MAITLAND, FL 32751 US

Mailing Address

117 TANGELO CT MAITLAND, FL 32751

US



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

Applied For Not Applicable

59-3346099

5. Certificate of Status Desired

4. FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKINS, KENT A 117 TANGELO CT MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the prions of registered agent.	urpose of changing its register	ed office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registere	ed Agent signature	required when reinstating)	DATE
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		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS	T .		L
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUBINO, NICHOLAS J 209 HERON STREET ALTAMONTE SPRINGS, FL 32701				U00000784316 01/16/08-80051-009 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST AKINS, KENT 117 TANGELO CT MAITLAND, FL 32751			· ·	01/16/08-80051-009 1SU.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby 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

18/02

407/646-6748

Daytime Phone #