


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000011903 1. Entity Name HALICZER, PETTIS & SCHWAMM, P.A.	
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Principal Place of Business ONE FINANCIAL PLAZA SEVENTH FLOOR FT LAUDERDALE, FL 33394 US	Mailing Address ONE FINANCIAL PLAZA SEVENTH FLOOR FT LAUDERDALE, FL 33394 US
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03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0641373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HALICZER, JAMES ONE FINANCIAL PLAZA SEVENTH FLOOR FT LAUDERDALE, FL 33394	DO NOT WRITE IN THIS SPACE
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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.

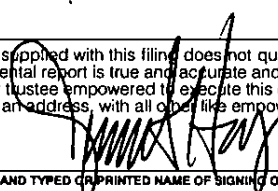
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000874817 04/11/08-80007-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HALICZER, JAMES ONE FINANCIAL PLAZA, SEVENTH FLOOR FT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PETTIS, EUGENE ONE FINANCIAL PLAZA, SEVENTH FLOOR FT LAUDERDALE, FL 33394
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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:  James S. Haliczzer 3/26/08 954-523-9922

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