

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000044280

1. Entity Name
2501 BRISTOL, INC.



Principal Place of Business

**P.O. BOX 85
WEST PALM BEACH, FL 33402**

Mailing Address

**P.O. BOX 85
WEST PALM BEACH, FL 33402**

FILED
Apr 23, 2007 08:00 AM
Secretary of State



03152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0753835

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, SCOTT A
505 S FLAGLER DR
STE 1010
WEST PALM BEACH, FL 33401**

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, SCOTT A
STREET ADDRESS 505 S FLAGLER DR, STE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME KOENIG, PATRICK C
STREET ADDRESS 505 S FLAGLER DR, STE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D
NAME JOHNSON, RICHARD S JR.
STREET ADDRESS 505 S FLAGLER DR, STE 1010
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000722367
05/02/07-80030-003 150.00

**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 #