## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P97000014956** 

1. Entity Name CYNTHIA C. WITTER, INC.



FILED Apr 25, 2007 08:00 AM Secretary of State

Principal Place of Business

7567 PRESERVE COURT WEST PALM BEACH, FL 33412-2426 Mailing Address

7567 PRESERVE COURT WEST PALM BEACH, FL 33412-2426



DO	<b>NOT</b>	<b>WRITE</b>	IN TH	IIS	SPA	CE
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5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHISMARK, GEORGE E JR. 7567 PRESERVE CT. WEST PALM BEACH, FL 33412

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or registered agent, or both, in the State o	f Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little	f applicable (NOTE: Registere	d Agent algnature required when reinstating)	OATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WITTER, CYNTHIA C 1200 MARINE WAY NORTH PALM BEACH, FL 33408			res
TITLE NAME STREET ADDRESS CITY-ST-ZIP			05/0 05/0	00000729916 8/07-80058-016 150.00
TITLE NAME STREET ADDRESS CITY_ST_ZIR			DO NOT V	WRITE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/07 561-630-1766