

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000173068

**Entity Name:** MARGARET ADORJAN & ASSOCIATES, INC.**Current Principal Place of Business:**1500 S. MCCALL RD.  
ENGLEWOOD, FL 34223**Current Mailing Address:**1500 S. MCCALL RD.  
ENGLEWOOD, FL 34223**FEI Number:** 20-4566065**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUNKIN, DAVID A.  
170 W. DEARBORN STREET  
ENGLEWOOD, FL 34223-3290 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	ADORJAN, MARGARET
Address	1500 S. MCCALL RD.
City-State-Zip:	ENGLEWOOD FL 34223

Title	STD
Name	ADORJAN, TOBI
Address	1500 S. MCCALL RD.
City-State-Zip:	ENGLEWOOD FL 34223

Title	VD
Name	ADORJAN, LOUIS
Address	1500 S. MCCALL RD.
City-State-Zip:	ENGLEWOOD FL 34223

Title	D
Name	FRAZER, AUDREY
Address	1500 S. MCCALL RD.
City-State-Zip:	ENGLEWOOD FL 34223

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARGARET ADORJAN**PRESIDENT****01/10/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date