


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 376280</b> 1. Entity Name ARDELL, INC.		
Principal Place of Business 1550 SE 17TH ST. FORT LAUDERDALE, FL 33316		Mailing Address 1550 SE 17TH ST. FORT LAUDERDALE, FL 33316
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  STICHTER, DON M 110 E. MADISON ST., STE 200 TAMPA, FL 33602		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CADWALADER, CRAIG 1550 SE 17TH STREET FORT LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DANIELS, D T 2077 W COAST HWY NEWPORT BEACH, CA 92663	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HASKELL, DONALD 2077 W COAST HWY NEWPORT BEACH, CA 92663	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>STICHTER, DON M</u> <u>D.T. DANIELS</u> <u>1-11-08</u> <u>945 642 1626</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
95-2679528

Applied For
Not Applicable

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

U00000786351  
01/17/08-80037-006 150.00

**DO NOT WRITE  
IN THIS SPACE**