

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 522615**

1. Entity Name

SEARCY, DENNEY, SCAROLA, BARNHART, & SHIPLEY,  
P.A.



Principal Place of Business

2139 PALM BEACH LAKES BLVD.  
WEST PALM BCH, FL 33409

Mailing Address

2139 PALM BEACH LAKES BLVD.  
WEST PALM BCH, FL 33409



03122008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1720203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEARCY, CHRISTIAN D.  
2139 PALM BEACH LAKES BLVD.  
WEST PALM BCH, FL 33409

**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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEARCY, CHRISTIAN
STREET ADDRESS	12346 RIDGE ROAD
CITY-ST-ZIP	N PALM BEACH, FL
TITLE	V
NAME	DENNEY, EARL L. JR.
STREET ADDRESS	2139 PALM BEACH LAKES
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	T
NAME	BARNHART, F. GREGORY
STREET ADDRESS	2139 PALM BEACH LAKES
CITY-ST-ZIP	WEST PALM BCH., FL
TITLE	S
NAME	SCAROLA, JOHN
STREET ADDRESS	2139 PALM BEACH LAKES
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	D
NAME	SHIPLEY, JOHN A. III
STREET ADDRESS	2139 PALM BEACH LAKES
CITY-ST-ZIP	WEST PALM BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/08-80039-025 150.00

**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

John Shipley 4/7/08

Date

561-686-6300

Daytime Phone #