

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90030 004 ***150.00

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1. Entity Name
**BOEHM, BROWN, FISCHER, HARWOOD, KELLY &
SCHEIHING, P.A.**



Principal Place of Business
**POP BOX 11830
DAYTONA BEACH, FL 32120**

Mailing Address
**POP BOX 11830
DAYTONA BEACH, FL 32120**

40067073



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2031086

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOEHM, J. RICHARD
113 EXECUTIVE CIRCLE
301
DAYTONA BEACH, FL 32114**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 fee applicable.

(NOTE: Registered Agent signature required when re-stating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **BOEHM, J RICHARD**
STREET ADDRESS **5 SPRINGWOOD TR**
CITY-STATE-ZIP **ORMOND BCH, FL 00000.**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DS** ☐ Delete
NAME **BROWN, JANET L**
STREET ADDRESS **2505 LAKE SHORE DR.**
CITY-STATE-ZIP **ORLANDO, FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DVP** ☐ Delete
NAME **SCHIEHING, MICHAELA D**
STREET ADDRESS **143 ZAHARIAS CIR**
CITY-STATE-ZIP **DAYTONA BEACH, FL 32124**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **232 Centennial Park Dr.**
CITY-STATE-ZIP

TITLE **DT** ☐ Delete
NAME **KELLY, JANICE**
STREET ADDRESS **1100 DEER GULLEY CT.**
CITY-STATE-ZIP **APOPKA, FL 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08

Date

Daytime Phone #

ENTERED JAN 15 2008