

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 665477**

1. Entity Name  
**LAW OFFICES OF JEROLD HART, P.A.**



Principal Place of Business

**200 EAST BROWARD BOULEVARD  
SUITE 1100 WACHOVIA CENTER  
FORT LAUDERDALE, FL 33301**

Mailing Address

**C/O JEROLD HART 22242 E. RIDGE TRAIL DRIVE  
AURORA, CO 80016**



04152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2010871**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HART, JEROLD ESQUIRE  
200 EAST BROWARD BOULEVARD  
SUITE 1100 WACHOVIA CENTER  
FORT LAUDERDALE, FL 33301**

**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**

U00000914951  
05/08/08-80075-017 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PVST
NAME	HART, JEROLD ESQUIRE
STREET ADDRESS	22242 E. RIDGE TRAIL DRIVE
CITY-ST-ZIP	AURORA, CO 80016
TITLE	DTC
NAME	HART, JEROLD ESQUIRE
STREET ADDRESS	22242 E. RIDGE TRAIL DRIVE
CITY-ST-ZIP	AURORA, CO 80016
TITLE	M
NAME	HART, JEROLD ESQUIRE
STREET ADDRESS	22242 E. RIDGE TRAIL DRIVE
CITY-ST-ZIP	AURORA, CO 80016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Date

Daytime Phone #