

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # F04000005386

1. Entity Name
MECKLER FORENSIC GROUP, INC



Principal Place of Business
**200 2ND AVE., SOUTH #204
ST. PETERSBURG, FL 33701**

Mailing Address
**200 2ND AVE., SOUTH #204
ST. PETERSBURG, FL 33701**



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-3947531

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MECKLER, MILTON
200 2ND AVE., SOUTH #204
ST. PETERSBURG, FL 33701**

**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**

11000000862438

04/03/08-R0048-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	MECKLER, MILTON
STREET ADDRESS	200 2ND AVE., SOUTH #204
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	SD
NAME	MECKLER, MARLYS
STREET ADDRESS	200 2ND AVE., SOUTH #204
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Milton Meckler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #