

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90009 003 ***550.00

DOCUMENT # F07000002705

1. Entity Name
PONN FINANCIAL MANAGEMENT, INC.



Principal Place of Business
**64 DAVISON DRIVE
LINCOLN, MA 01773**

Mailing Address
**64 DAVISON DRIVE
LINCOLN, MA 01773**

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

3. Mailing Address

c/o Stephen N. Wilchins Seegel Lipshutz & Wilchins LLP



Suite, Apt. #, etc.

Suite, Apt. #, etc.

20 William Street, Suite 130

07112008

Chg-P

CR2E034 (12/06)

City & State

City & State

Wellesley, MA

4. FEI Number

75-3090924

Applied For

Not Applicable

Zip

Country

Zip

02481-4110

Country

U.S.

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

**PONN, BEATRICE
1700 SE DARLING STREET
STUART, FL 34997**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD PONN, RICHARD D 64 DAVISON DRIVE LINCOLN, MA 01773	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILCHINS, STEPHEN N 20 WILLIAM STREET, SUITE 130 WELLESLEY, MA 02481	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Stephen N. Wilchins, Secretary

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

781-237-4400

Date

Daytime Phone #