## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT #F56391

**OBERBECK & ASSOCIATES, INC.** 



**FILED** Jan 24, 2008 08:00 AN **Secretary of State** 

Principal Place of Business

%RENE' G. VANDEVOORDE

1327 N. CENTRAL AVE. SEBASTIAN, FL 32958

Mailing Address

%RENE' G. VANDEVOORDE 1327 N. CENTRAL AVE. SEBASTIAN, FL 32958



CR2E034 (11/05)

## DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-2152046 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

VANDEVOORDE, RENE G 1327 NORTH CENTRAL AVENUE SEBASTIAN, FL 32958

## DO NOT WRITE IN THIS SPACE

108

No Chg-P

01112008

			<u>. I</u>		
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PTD OBERBECK, FRANCIS J 601 LAYPORT DRIVE SEBASTIAN, FL 00000,				U00000795355
TITLE NAME STREET ADDRESS CITY - ST-ZIP	VSD OBERBECK, CAROL J 601 LAYPORT DRIVE SEBASTIAN, FL 00000,				01/28/08-80043-019 150.00
TITLE NAME Street address City-St-Zip				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filting 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 eath; 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					