2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F91720

1. Entity Name GEORGE J. ADLER, P.A.



FILED
Jan 19, 2007 08:00 AM
Secretary of State

Principal Place of Business

1643 E. ROBINSON ST ORLANDO, FL 32803-5932 US Mailing Address

P.O. BOX 536446

ORLANDO, FL 32853-6446 US



01032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2206328

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ADLER, GEORGE J 1643 EAST ROBINSON STREET ORLANDO, FL 32803-5932

DO NOT WRITE IN THIS SPACE

			in the state of	
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_				
	Signature, typed or printed name of registered agent and title if	epplicable. (NOTE Registered	d Agent signature required when reinstating)	DATE
		Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be	
10.	OFFICERS AND DIREC	TORS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS	DP ADLER, GEORGE J 915 PARKSIDE POINTE BLVD			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APOPKA, FL 32712			000000592299 01/19/07-80051-019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ÎN'	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 filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 affactment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11

107-894-1230

Daylime Phone #