2008 FOR PROFIT CORPGRATION ANNUAL REPORT

DOCUMENT #F91720

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

FILED Feb 07, 2008 08:00 Al Secretary of State

Applied For

Principal Place of Business

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

P.O. BOX 536446 ORLANDO, FL 32853-6446 US



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

	59-2206328		Not Applicable
5.	Certificate of Status Desired	\$8.75 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

ADLER, GEORGE J 1643 EAST ROBINSON STREET ORLANDO, FL 32803-5932 DO NOT WRITE IN THIS SPACE

4. FEI Number

01.5 11.5 02500 0002				IN	HISSPACE				
					的性質的 (1857) 2013 (1865) 4010 (1875) 11 (1876) 12 (1876) 12 (1876) 13 (1876)				
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 t	f applicable (NOTE: Registered	i Ageni signature	required when reinstating)	DATE				
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADLER, GEORGE J 915 PARKSIDE POINTE BLVD APOPKA, FL 32712								
TITLE			有 电路 2000		\$202215X08=80062=011150X00				
NAME STREET ADDRESS			q		The state of the s				
CITY-ST-ZIP									
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE				
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 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									

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 of 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.

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE J. ADIER

2/5/08

407-896-123 ()

Daylime Phone #