

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # G58264

1. Entity Name
ARTHUR J. STITES, P.A.



Principal Place of Business

% ARTHUR J. STITES, C.P.A.
4741 ATLANTIC BLVD., SUITE B1
JACKSONVILLE, FL 32207

Mailing Address

% ARTHUR J. STITES, C.P.A.
4741 ATLANTIC BLVD., SUITE B1
JACKSONVILLE, FL 32207



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2324354

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STITES, ARTHUR J., C.P.A.
4741 ATLANTIC BLVD, SUITE B1
JACKSONVILLE, FL 32207

**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 _____ (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

U00000824583
02/20/08-80084-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STITES, ARTHUR J 4741 ATLANTIC BLVD, SUITE B1 JACKSONVILLE, FL 32207
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**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: ARTHUR J STITES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/08
Date

904 399 8011
Daytime Phone #