

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90041 026 ***150.00

DOCUMENT # G86423

1. Entity Name

JOHN F. LAW P.A.



Principal Place of Business

% JOHN F. LAW
7229 DEER HAVEN RD.
PANAMA CITY FL 32409

Mailing Address

% JOHN F. LAW
7229 DEER HAVEN RD.
PANAMA CITY FL 32409



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

7229 Deer Haven Road

Suite, Apt. #, etc.

3. Mailing Address

7229 Deer Haven Road

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Panama City FL

Zip
32409

Country

USA

City & State

Panama City FL

Zip
32409

Country

USA

4. FEI Number

59-2416917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW, JOHN F.
7229 DEER HAVEN RD.
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

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 nonattesting)

DATE

2-27-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
LAW, JOHN F.
7229 DEER HAVEN RD.
PANAMA CITY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-08

Date

850-265-4794

Daytime Phone #