## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H37100

SINGER, GARY,

500 E BROWARD BLVD #1950

FT LAUDERDALE, FL 33394

Name:

Address:

City-St-Zip:

Entity Name: MOMBACH, BOYLE & HARDIN, P.A.

FILED Jan 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** % GEOFFREY S. MOMBACH 500 E BROWARD BLVD, STE 1950 FT.LAUDERDALE, FL 33394 **New Mailing Address: Current Mailing Address:** % GEOFFREY S. MOMBACH 500 E BROWARD BLVD, STE 1950 FT.LAUDERDALE, FL 33394 FEI Number: 59-2485002 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOMBACH, GEOFFREY S 500 E BROWARD BLVD 1950 FT.LAUDERDALE, FL 333940079 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MOMBACH, GEOFFREY S., Name: Name: 500 E BROWARD BLVD 1950 Address: Address: City-St-Zip: FT.LAUDERDALE, FL 33394 City-St-Zip: Title: DV Title: () Delete () Change () Addition BOYLE, CONRAD J., Name: Name: 500 E BROWARD BLVD 1950 Address: Address: FT.LAUDERDALE, FL 33394 City-St-Zip: City-St-Zip: Title: Title: DS ( ) Delete () Change () Addition HARDIN, DAVID, Name: Name: 500 E BROWARD BLVD 1950 Address: Address: City-St-Zip: FT.LAUDERDALE, FL 33394 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GEOFFREY S. MOMBACH DP 01/26/2009