


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H51595</b> 1. Entity Name <b>PAUL DAVIS SYSTEMS, INC. OF BROWARD COUNTY</b>	
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Principal Place of Business <b>1775 BLOUNT RD STE 408 POMPAÑO BEACH, FL 33069</b>	Mailing Address <b>1775 BLOUNT RD STE 411 POMPAÑO BEACH, FL 33069</b>
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01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2496640</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**NIESSEN, LORRIE  
1775 BLOUNT RD  
SUITE 408  
POMPAÑO BEACH, FL 33069**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDT NIESSEN, WILLIAM C 317 WALNUT ST. HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HESTER, JOHN 1775 BLOUNT RD SUITE 408 POMPAÑO, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NIESSEN, LORRIE A A 1775 BLOUNT RD SUITE 411 POMPAÑO BEACH, FL 33069
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02/07/07-80035-014 158.75

**DO NOT WRITE  
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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: William C NiesSEN 1/29/07 954 979-9078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #