2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # H68446				
1. Entity Name FRIED AND FRIED, P.A.				
TIGEDA	110 (1100), 7.70		13	08 OCT 27 Aill: 18
Principal Plac	ce of Business	Mailing Address	'	LEGRENARY OF Stance
% HERBER1	r A. Fried	% HERBERT A. FRIED		VELAHASSEE, FLORIDA
2524 E EIRS		2524 E FIRST ST.	.4	
FORT MYER	S, FL 33901	FORT MYERS, FL 3390	11	. I DETEN DIED DEN TERN DEN DEN DEN DEN DEN DEN DEN DEN DEN DE
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10222008 Chg-P CR2E034 (12/06)
City & Sta		City & State		4. FEI Number Applied For 59-2592753 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent				
Name A				ried Linda H.
FRIED, HERBERT A. 2524 E. FIRST ST.			Street Addre	ess (P.O. Box Number is Not Acceptable)
FORT MYERS, FL 33901			25	24 E. FIRST STreet
1				·
			City For	-+ Muers FL 333901
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 Fiorida. I am familiar with, and accept the obligations of registered agent.				
10/23/08 /infaction				
SIGNATURE Signature, typed or priviled name of projected agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
		9. Election Campaid	an Financing	\$5.00 May Be
Am	ended AR Is \$61.25	Trust Fund Contri		Added to Fees
10.	OFFICERS AND	_J	. 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PD FRIED, HERBERT A.	Delete		Pried Linda H: Addition
STREET ADDRESS	2524 E. FIRST ST.	·	STREET ADDRESS 2	524 E. First Street
CITY-ST-ZIP	FT MYERS, FL 33901		CITY-ST-ZIP	Fort Myers FL 33901
TITLE	STD	Dolete		- C - C - L - L - L - L - L - L - L - L
NAME	FRIED, LINDA H.		NAME F	mied Herbert A. The Herbert A
STREET ADORESS CITY-ST-ZIP	2524 E. FIRST ST. FT MYERS, FL 33901		STREET ADDRESS	ort Muers FL 33901
TITLE	7 7 187 2 100001	☐ Delete	TITLE	ort Myers FL 33901
NAME			NAME	800137328648
STREET ADDRESS			STREET ADDRESS	10/27/0801061008 **61.25
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	!
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CUTY-ST-ZIP	
CITY-ST-ZIP TITLE		☐ Delete	CITY-SI-ZIP TITLE	. Change Addition
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	Change Addition
CITY-ST-ZIP TITLE		☐ Delete	CITY-SI-ZIP TITLE	Change Addition
CITY-ST-Z!P TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-Z!P TITLE NAME STREET ADDRESS CITY-ST-Z!P			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		€ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated	on this report or supplemental report i	Delete In this filing does not qualify for is true and accurate and that my	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contains a signature shall have to	Change Addition sined in Chapter 119, Florida Statutes, I further certify that the information the same legal effect as if made under cath, that I am an officer or director
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated of the core	on this report or supplemental report i	Delete In this filing does not qualify for is true and accurate and that my howered to execute this report a	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contains a signature shall have to	Change Addition Addition Addition Addition The same legal effect as if made under oath; that I am an officer or director records. The same legal effect as if made under oath; that I am an officer or director records.
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the corchanged,	on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address,	Delete In this filing does not qualify for is true and accurate and that my howered to execute this report a	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contains a signature shall have to	Change Addition sined in Chapter 119, Florida Statutes, I further certify that the information the same legal effect as if made under cath, that I am an officer or director
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated of the core	on this report or supplemental report in poration or the receiver or trustee empor or on an attachment with an address.	Delete In this filing does not qualify for is true and accurate and that my howered to execute this report a	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contally signature shall have to sequired by Chapter	Change Addition Addition Addition Addition The same legal effect as if made under oath; that I am an officer or director records. The same legal effect as if made under oath; that I am an officer or director records.