

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90027 014 ***158.75

DOCUMENT # J24429

1. Entity Name
MOORE STEPHENS LOVELACE, P.A.



Principal Place of Business
**1201 S. ORLANDO AVENUE
SUITE 400
WINTER PARK, FL 32789 US**

Mailing Address
**1201 S. ORLANDO AVE.
STE. 400
WINTER PARK, FL 32789 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3070669

Applied For
Not Applicable

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

**DEMPSEY, BERNARD H., JR.
1560 ORANGE AVENUE
SUITE 200
WINTER PARK, FL 32789**

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 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**SEC
PALMER, DOUGLAS G
1201 S. ORLANDO AVENUE, SUITE 400
WINTER PARK, FL 32789**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**~~PP President~~
MILLER, WILLIAM J SEC
1201 S ORLANDO AVENUE, SUITE 400
WINTER PARK, FL 32789**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
Miller, William J
1201 S. Orlando Ave Suite 400
Winter Park FL 32789**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SHUCK, RONALD R
1201 S ORANGE AVENUE, SUITE 400
WINTER PARK, FL 32789**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Director
JONES, STEVE
1201 S ORANGE AVE, SUITE 400
WINTER PARK, FL 32789**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DIR
BAIRD, JULIE A DIR
1201 S ORLANDO AVENUE STE 400
WINTER PARK, FL 32789**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 all attachments, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #