


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90004 041 ***150.00

DOCUMENT # J29901 1. Entity Name LAW OFFICES OF JACK D. WARNER, P.A.					
Principal Place of Business 1152 N. UNIVERSITY DR. STE. 201 PEMBROKE PINES, FL 33024			Mailing Address P.O. BOX 849256 PEMBROKE PINES, FL 33084		
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		
6. Name and Address of Current Registered Agent WARNER, JACK D 1152 NORTH UNIVERSITY DR STE. 201 PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name <u>Alan W. Cohn</u> Street Address (P.O. Box Number is Not Acceptable) <u>1152 NORTH UNIVERSITY DRIVE</u> <u>SUITE 201</u> City <u>Pembroke Pines</u> <u>FL</u> Zip Code <u>33024</u>		
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 <u>Alan W. Cohn</u> <u>Alan W. Cohn</u> DATE <u>9-5-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WARNER, JACK D DPS 1152 N. UNIVERSITY DR. STE. 201 PEMBROKE PINES, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WARNER, JACK D. 3911 MANOR HOUSE DRIVE CHARLOTTE NC 28270	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WARNER, JOY L VT 1152 N. UNIVERSITY DR. PEMBROKE PINES, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WARNER, JOY L. 3911 MANOR HOUSE DRIVE CHARLOTTE, NC 28270	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 an address, with all other like empowered.					
SIGNATURE: <u>Jack D. Warner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>9-5-07</u> Daytime Phone # <u>7044435279</u>		

