


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90021 038 ***150.00

DOCUMENT # K42260		
1. Entity Name FRENCH & TURDO, P.A.		
Principal Place of Business 5700 LAKE WORTH RD #310 LAKEWORTH, FL 33463		Mailing Address 5700 LAKE WORTH RD #310 LAKEWORTH, FL 33463

40015787



2. Principal Place of Business - No P.O. Box # <i>2505 Metrocentre Blvd.</i>		3. Mailing Address <i>2505 Metrocentre Blvd.</i>		01302008 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. <i>Suite 202</i>		Suite, Apt. #, etc. <i>Suite 202</i>		4. FEI Number 65-0078863	
City & State <i>West Palm Beach, FL</i>		City & State <i>West Palm Beach, FL</i>		Applied For Not Applicable	
Zip <i>33407</i>	Country <i>USA</i>	Zip <i>33407</i>	Country <i>USA</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRENCH, EDWIN C. 5700 LAKE WORTH RD SUITE 312B LAKEWORTH, FL 33463		7. Name and Address of New Registered Agent Name <i>French, Edwin C.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2505 Metrocentre Blvd.</i> <i>Ste. 202</i> City <i>West Palm Beach</i> FL Zip Code <i>33407</i>	
--	--	---	--

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]* DATE *1/30/08*

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FRENCH, EDWIN C. 5700 LAKE WORTH RD STE 310 LAKEWORTH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD French, Edwin C. 2505 Metrocentre Blvd. Ste. 202 West Palm Beach, FL. 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TURDO, LISA M. 5700 LAKE WORTH RD STE 310 LAKEWORTH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Turdo, Lisa M. 2505 Metrocentre Blvd. Ste. 202 West Palm Beach, FL. 33407 <input checked="" 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
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: *[Signature]* DATE *1/30/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR