2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # K73318

1. Entity Name
FASSETT, ANTHONY & TAYLOR, P.A.

Principal Place of Business	Mailing Address
1325 W COLONIAL DR ORLANDO, FL 32804	1325 W. COLONIAL DRIVE ORLANDO, FL 32804

01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2939458
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FASSETT, LADD H
1325 W COLONIAL DR
ORLANDO, FL 32804

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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 _____ DATE
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 ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	TAYLOR, JOHN A
STREET ADDRESS	1325 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	P
NAME	FASSETT, LADD H.
STREET ADDRESS	1325 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	ST
NAME	ANTHONY, ROBERT W.
STREET ADDRESS	1325 W COLONIAL DR
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80082-005 150.00

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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: _____ 1/2/08 407 872 0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #