

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L39381

1. Entity Name
WOLFF, HILL, MCFARLIN & HERRON, P.A.



Principal Place of Business
1851 W COLONIAL DR
ORLANDO, FL 32804 US

Mailing Address
1851 W COLONIAL DR
ORLANDO, FL 32804 US



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2981982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFF, FRANK M
1851 W COLONIAL DR
ORLANDO, FL 32804

**DO NOT WRITE
IN THIS SPACE**

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

TITLE	PD
NAME	HILL, PETER N.
STREET ADDRESS	837 MELLOWOOD AVE
CITY-ST-ZIP	ORLANDO, FL
TITLE	VD
NAME	WOLFF, FRANK M.
STREET ADDRESS	9652 WOODMONT PL
CITY-ST-ZIP	WINDERMERE, FL 32786
TITLE	TD
NAME	MCFARLIN, DAVID
STREET ADDRESS	4600 OAK COVE LANE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	SD
NAME	HERRON, KENNETH D JR.
STREET ADDRESS	1851 W. COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. Hill - PETER HILL, PRES. 03/24/08 407-648-0058

Date

Daytime Phone #