

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000005955**

1. Entity Name  
**PAYTON'S PALS, INC.**



Principal Place of Business  
**6591 NW 52 STREET  
CORAL SPRINGS, FL 33067**

Mailing Address  
**P O BOX 667498  
POMPANO BEACH, FL 33066**



01262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0790020**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LETTER, DEBORAH A TD  
6445 ROYAL PALM BLVD.  
MARGATE, FL 33063**

**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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FREEMAN, DEBBIE PD
STREET ADDRESS	6591 NW 52 STREET
CITY - ST - ZIP	CORAL SPRINGS, FL 33067
TITLE	TD
NAME	LETTER, DEBORAH TD
STREET ADDRESS	6445 ROYAL PALM BLVD.
CITY - ST - ZIP	MARGATE, FL 33063
TITLE	D
NAME	GILES, MARIA D
STREET ADDRESS	1274 SW 28TH AVE.
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	RAPPOPORT, ADI D
STREET ADDRESS	777 SOUTH FLAGLER DRIVE SUITE 500 EAST
CITY - ST - ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000809281  
02/08/08-80015-019 61.25

**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 617, 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:**

*Deborah Letter*  
**Deborah Letter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/08*  
Date

*954-971-1919*  
Daytime Phone #