



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90035 007 ***150.00

DOCUMENT # P00000074155 1. Entity Name FROMANG & FROMANG, P.A.					
Principal Place of Business 150 N. ORANGE AVE. SUITE 414 ORLANDO, FL 32801			Mailing Address 150 N. ORANGE AVE. SUITE 414 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01242008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-3608499	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FROMANG, MARK A 28 W CENTRAL BLVD STE 310 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Fromang, Mark A Street Address (P.O. Box Number is Not Acceptable) 150 N. orange Ave, Ste. 414 City Orlando FL Zip Code 32801	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	D FROMANG, MARK A 28 W CENTRAL BLVD, STE 310 ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fromang, Mark A 150 N. orange Ave, Ste. 414 Orlando, FL 32801
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:  mark A. Fromang <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/16/08 <small>Date</small>		407-999-9739 <small>Daytime Phone #</small>