


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90017 003 \*\*\*150.00

<b>DOCUMENT # P02000004065</b>	
1. Entity Name JOHN M. POTTER, CPA, P.A.	

Principal Place of Business 1897 PALM BEACH LAKES BLVD. SUITE 222 WEST PALM BEACH, FL 33409	Mailing Address 1897 PALM BEACH LAKES BLVD. SUITE 222 WEST PALM BEACH, FL 33409
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2. Principal Place of Business - No P.O. Box # <b>250 COSTELLO RD B</b>	3. Mailing Address <b>250 COSTELLO RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>WEST PALM BEACH</b>	City & State <b>WEST PALM BEACH FL</b>
Zip <b>33405</b>	Country
Zip <b>33405</b>	Country



07112008 Chg-P CR2E034 (12/06)

4. FEI Number 41-2025639	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTER, JOHN M 250 COSTELLO ROAD WEST PALM BEACH, FL 33405	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POTTER, JOHN M 250 COSTELLO ROAD STE 500 WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** John M Potter **PRESIDENT** 7/11/08 (561) 533-9871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #