## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P02000043773

1. Entity Name

VERNIS & BOWLING OF BROWARD, P.A.



FILED Feb 26, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1901 S ANDREWS AVENUE FORT LAUDERDALE, FL 33316 884 U.S. HIGHWAY #1 N. PALM BEACH, FL 33408



02032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 01-0669552

Applied For Not Applicable

5, Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VERNIS, G. JEFFREY 884 U.S. HIGHWAY #1 N. PALM BEACH, FL. 33408

## DO NOT WRITE IN THIS SPACE

N. PALM BEACH, FL 33408			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 nume of inguistered agent and tribert uppricable. (NOTE Registered Agent sign				raq arad when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Foe will be \$550.00		Election Campaign Financin     Trust Fund Contribution.	g []	\$5.00 May Be Added to Fees	U00000649256 03/07/07-80042-008 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOWLING, ROBERT W 1680 NE 135TH STREET NORTH MIAMI, FL 33408				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VERNIS, G. JEFFREY 834 U.S. HIGHWAY ONE N. PALM BEACH, FL 33408				
NAME STREET ADDRESS CITY-ST-ZIP			-	DO	NOT WRITE
NAME STREET ADDRESS CHY-ST-ZIP	,			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME SIREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not present a supplied with the supplied with the information indicated in the supplied with the supp					

of the corporation or the rycever or l'astee empowered to execute this service by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address with all energing movered.

SIGNATURE:

SIGNATURE AL

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2123/07

561-775-9822

Daytime Phor