

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000071730**

1. Entity Name  
**TEETON OF BROWARD, INC.**



Principal Place of Business  
**4350 W. SUNRISE BLVD., STE 103  
PLANTATION, FL 33313**

Mailing Address  
**4350 W. SUNRISE BLVD., STE 103  
PLANTATION, FL 33313**



02082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **03-0471937** Applied For  
Not Applicable

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

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

**ADAMS, WILLIAM  
4350 W. SUNRISE BLVD., STE 103  
PLANTATION, FL 33313**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>WILLIAMS, ADAMS</b>
STREET ADDRESS	<b>4350 W. SUNRISE BLVD. SUITE 103</b>
CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>
TITLE	<b>ST</b>
NAME	<b>ADAMS, NANCY</b>
STREET ADDRESS	<b>4350 W. SUNRISE BLVD SUITE 103</b>
CITY-ST-ZIP	<b>PLANTATION, FL 33313</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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05/01/07-80065-013 150.00

**DO NOT WRITE  
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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:** *William Adams* *4/16/07* *President* *954-520-3369*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #