

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 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



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0471937

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000308535
05/06/08-80034-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME WILLIAMS, ADAMS
STREET ADDRESS 4350 W. SUNRISE BLVD. SUITE 103
CITY - ST - ZIP PLANTATION, FL 33313

TITLE ST
NAME ADAMS, NANCY
STREET ADDRESS 4350 W. SUNRISE BLVD SUITE 103
CITY - ST - ZIP PLANTATION, FL 33313

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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 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: W Adams Secy TREAS 4-18-08 9548181904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #