2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000126860

1. Entity Name
PAUL & ELKIND, P.A.

Principal Place of Business	Mailing Address
142 E. NEW YORK AVE. DELAND, FL 32724	142 EAST NEW YORK AVE DELAND, FL 32724

DO NOT WRITE IN THIS SPACE

01142008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
03-0496150	Not Applicable

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

6. Name and Address of Current Registered Agent

PAUL, HARLAN L
142 EAST NEW YORK AVENUE
DELAND, FL 32720

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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 name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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

U000000788775
01/18/08-80055-020 150.00

10.	OFFICERS AND DIRECTORS
TITLE	P
NAME	HARLAN, PAUL L
STREET ADDRESS	675 OAK TREE TERRACE
CITY-ST-ZIP	DELAND, FL 32724
TITLE	V
NAME	ELKIND, DARREN J
STREET ADDRESS	1885 PRISTINE TRAIL
CITY-ST-ZIP	ORANGE CITY, FL 32763
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: _____

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