

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

9/11/2008-90002-047-\$150.00-\$150.00

**FILED**

2008 OCT -9 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09032008 No Chg-P CR2E034 (11/05)

**DOCUMENT # P03000022815**

1. Entity Name  
TWENTY-THREE, INC. OF SOUTH FLORIDA



Principal Place of Business  
1509 NE 4 AVENUE  
FT. LAUDERDALE, FL 33304

Mailing Address  
1509 NE 4 AVENUE  
FT. LAUDERDALE, FL 33304

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1153253

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CRICHTON, DANE G  
1509 NE 4 AVENUE  
FT. LAUDERDALE, FL 33304

**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

Signature of person named in Block 6. If not applicable, sign as "Not Applicable".

(NOTE: Registered Agent signature required when reappointing)

9/24/08  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
CRICHTON, DANE G  
1509 NE 4 AVENUE  
FT. LAUDERDALE, FL 33304

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
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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 authority like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

10/3/08  
Date

Daytime Phone #