

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 026 ***150.00

DOCUMENT # P03000104274

1. Entity Name
SACCO & ASSOCIATES, P.A.



Principal Place of Business
**3801 PGA BLVD
SUITE 802
PALM BEACH GARDENS, FL 33410**

Mailing Address
**P.O. BOX 30999
PALM BEACH GARDENS, FL 33420-0999**

2. Principal Place of Business - No P.O. Box #
3801 PGA BLVD
Suite, Apt. #, etc.
SUITE 605

3. Mailing Address
PO BOX 30999
Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS FL

City & State
PALM BEACH GARDENS FL

Zip
33410

Country
US

Zip
33420-0999

Country
US

04092008 Chg-P CR2E034 (12/06)



4. FEI Number
02-0706944

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SACCO, ROBERT J
3801 PGA BOULEVARD
SUITE 802
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name
Sacco, Robert J.

Street Address (P.O. Box Number is Not Acceptable)
3801 PGA BLVD

SUITE 605

City
PALM BEACH GARDENS

State
FL

Zip Code
33410

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 **Robert J. Sacco, President**

(NOTE: Registered Agent signature required when reinstating)

04/14/2008
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**

10. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	SACCO, ROBERT J	
STREET ADDRESS	3801 PGA BLVD., STE. 802	
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUITE 605	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: **Robert J. Sacco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-2008 661 209 1500

Date

Daytime Phone #