

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000152329

Entity Name: PAUL G. ALTMAN, INC.

**FILED**  
**Apr 17, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

810 A-2 SKY WAY  
GREENACRES, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

810 A-2 SKY WAY  
GREENACRES, FL 33415

**New Mailing Address:**

FEI Number: 20-0447108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALTMAN, PAUL G  
810 A-2 SKY WAY  
GREENACRES, FL 33415 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: ALTMAN, PAUL G  
Address: 810 SKYPINE WAY #A2  
City-St-Zip: GREENACRES, FL 33415

Title: S ( ) Delete  
Name: ALTMAN, PAUL G  
Address: 810 SKYPINE WAY #A2  
City-St-Zip: GREENACRES, FL 33415

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL G ALTMAN

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04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date