## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # P04000084317



Apr 02, 2008 8:00 am Secretary of State

04-02-2008 90016 017 \*\*\*150.00 NEW SMYRNA CONDO BUILDING NO. 15, INC. Mailing Address Principal Place of Business 1215 GESSNER DRIVE 1215 GESSNER DRIVE HOUSTON, TX 77055 HOUSTON, TX 77055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132008 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number 20-1284780 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRAHAM, JESSE E SR Street Address (P.O. Box Number is Not Acceptable) 369 NORTH NEW YORK AVENUE THIRD FLOOR WINTER PARK, FL 32789 City Zip Code 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE ☐ Change ☐ Addition TITLE SILVESTRI, DAN NAME NAME STREET ADDRESS 1215 GESSNER DRIVE STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77055 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition GUILLO, TRULLI TRULLI, GUILIO NAME NAME 21 KING ST W. # 809 BOX # 66 21 KING ST W. #809 BOX #66 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAMILTON, ONTARIO L8P 4W7, CITY-ST-ZIE HAMILTON, ONTARIO L8PAWT ☐ Delete TITLE ☐ Change **X** Addition TITLE PHEIGARU, JAMES NAME NAME 11215 GESSHER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON , TX 77055 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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, like empowered

SIGNATURE:

INTED NAME OF SIGNING OFFICER OR DIRECTOR