

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90018 001 \*\*\*150.00

DOCUMENT # P04000089711

1. Entity Name  
TRAVERS HARTNETT P.A.



Principal Place of Business

120 NE 5TH AVE  
A  
DELRAY BEACH, FL 33483

Mailing Address

P.O. BOX 6778  
DELRAY BEACH, FL 33482 67

2. Principal Place of Business - No P.O. Box #

1045 E. ATLANTIC AVE  
SUITE 203

3. Mailing Address

1045 E. ATLANTIC AVE  
SUITE 203

City & State  
DELRAY BEACH, FL

Zip  
33483

Country

City & State  
DELRAY BEACH, FL

Zip  
33483

Country

04072008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-1228080

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HARTNETT, JOSEPH TRAVERS  
3118 FLORIDA BLVD. 105  
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent

Name HARTNETT, JOSEPH TRAVERS

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

1045 E. ATLANTIC AVE SUITE 203

City DELRAY BEACH FL Zip Code 33483

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]*

(NOTE: Registered Agent signature required when reinstating)

4/9/08

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 PD  
NAME HARTNETT, JOSEPH TRAVERS  
STREET ADDRESS 3118 FLORIDA BLVD. 105  
CITY-ST-ZIP DELRAY BEACH, FL 33483 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

Date

361-2430505

Daytime Phone #