2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000125828

WACHHOLDER, STREIMER & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

7501 NW 4TH STREET STE 112 PLANTATION, FL 33317

7501 NW 4TH STREET STE 112 PLANTATION, FL 33317

FILED Feb 14, 2007 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

02032007 110 Ong 1	0.1	GILLEGOT (11700)		
4. FEI Number		Applied For		
20-1901707		Not Applicable		
5, Certificate of Status Desired		\$8.75 Additional		

5. Certificate of Status Desired

58.75 Additional Fee Required

CD2E024 (11/05)

WACHHOLDER, BARRY L **7501 NW 4TH STREET STE 112** PLANTATION, FL 33317

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

-10-0

Daytme Phone #

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	~ ~	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACHHOLDER, BARRY L 7501 NW 4TH STREET STE 112 PLANTATION, FL 33317					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREIMER, LAURA A 7501 NW 4TH STREET STE 112 PLANTATION, FL 33317				02/23/07-80021-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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.						

SIGNING OFFICER OR DIRECTOR