

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90019 004 ***150.00

DOCUMENT # P04000133222

1. Entity Name

JAMES SACKOS & ASSOCIATES, INC.



Principal Place of Business

**2090 PALM BEACH LAKES BLVD
STE. 503
WEST PALM BEACH, FL 33409**

Mailing Address

**2090 PALM BEACH LAKES BLVD
STE. 503
WEST PALM BEACH, FL 33409**

40110414



07072008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0773156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SACKOS, JAMES
2090 PALM BEACH LAKES BLVD
STE. 503
WEST PALM BEACH, FL 33409**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SACKOS, JAMES
STREET ADDRESS	515 N. FLAGLER DR. SUITE 300-P
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

401104121

004000133222

To Whom It May Concern:

I never received a notice to pay my annual report fee of \$150.00 due to the change of address in my office. My accountant, Brahm Levine, is the one who caught the error when we filed my taxes this month.

My new address is:

601 Heritage Drive
Suite 219
Jupiter, FL 33458

Here is my check for the \$150.00, please accept my payment for my corporation.

Warmest regards,



James Sackos

James Sackos & Associates, Inc.