

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000153291

1. Entity Name
DAVE V. JOHN, P.A.



Principal Place of Business
4000 N STATE RD 7 STE 402
LAUDERDALE LAKES, FL 33319

Mailing Address
4000 N STATE RD 7 STE 402
LAUDERDALE LAKES, FL 33319



03292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1867261

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHN, DAVE
4000 N STATE RD 7 STE 402
LAUDERDALE LAKES, FL 33319

**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 of or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/28/08

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

U000000877785
04/14/08-80028-013 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME JOHN, DAVE
STREET ADDRESS 4000 N STATE RD 7 STE 402
CITY-ST-ZIP LAUDERDALE LAKES, FL 33319

TITLE V
NAME JOHN, DIANE
STREET ADDRESS 4000 N STATE RD 7 #402
CITY-ST-ZIP LAUDERDALE LAKES, FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

3/24/08

Date

Daytime Phone #