

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000157157

1. Entity Name
L.R. POROSKY & ASSOCIATES, INC.



Principal Place of Business
**82905 OVERSEAS HWY
ISLAMORADA, FL 33036 US**

Mailing Address
**PO BOX 1208
ISLAMORADA, FL 33036**



04122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1817388

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POROSKY, LEONARD R
80500 OVERSEAS HWY
SLIP #1
ISLAMORADA, FL 33036**

**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 re-registering)

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**

**U00000914772
05/08/08-80068-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POROSKY, LEONARD R
STREET ADDRESS	PO BOX 1208
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	VP
NAME	POROSKY, LEONARD R
STREET ADDRESS	P.O. BOX 1208
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	SEC
NAME	POROSKY, LEONARD R
STREET ADDRESS	PO BOX 1208
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	TR
NAME	POROSKY, LEONARD R
STREET ADDRESS	PO BOX 1208
CITY-ST-ZIP	ISLAMORADA, FL 33036
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

DATE _____

Daytime Phone # _____

(305) 664-6397