

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000173068

1. Entity Name

MARGARET ADORJAN & ASSOCIATES, INC..



Principal Place of Business

**1500 S. MCCALL RD.
ENGLEWOOD, FL 34223**

Mailing Address

**1500 S. MCCALL RD.
ENGLEWOOD, FL 34223**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0884940

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUNKIN, DAVID A.
170 W. DEARBORN STREET
ENGLEWOOD, FL 34223-3290**

**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 \$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**

**U000000221760
02/19/09-80040-012 150.00**

10. OFFICERS AND DIRECTORS

**TITLE DP
NAME ADORJAN, MARGARET
STREET ADDRESS 1500 S. MCCALL RD.
CITY-ST-ZIP ENGLEWOOD, FL 34223**

**TITLE VD
NAME ADORJAN, LOUIS
STREET ADDRESS 1500 S. MCCALL RD.
CITY-ST-ZIP ENGLEWOOD, FL 34223**

**TITLE STD
NAME ADORJAN, TOBI
STREET ADDRESS 1500 S. MCCALL RD.
CITY-ST-ZIP ENGLEWOOD, FL 34223**

**TITLE D
NAME FRAZER, AUDREY
STREET ADDRESS 1500 S. MCCALL RD.
CITY-ST-ZIP ENGLEWOOD, FL 34223**

**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

2/1/08

Date

941.475.5015

Daytime Phone #

MARGARET ADORJAN