


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90021 017 ***150.00

DOCUMENT # P05000035036 1. Entity Name 280 LIST ROAD, INC.	
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Principal Place of Business 12765 FOREST HILL BOULEVARD, SUITE 1302 WELLINGTON, FL 33414	Mailing Address 12765 FOREST HILL BOULEVARD, SUITE 1302 WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE

02202008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2463509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BOULEVARD, SUITE 1302
WELLINGTON, FL 33414

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HALL, LORRAIN F 12765 FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HALL, MALCOLM 12765 FOREST HILL BLVD, STE 1302 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *L. J. Sommerweide-Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/08 - 561-659-1111
Date Daytime Phone #