


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90002 023 \*\*\*150.00

<b>DOCUMENT # P05000048699</b> 1. Entity Name CREIGHTON & ASSOCIATES OF SOUTH FLORIDA, INC.					
Principal Place of Business 520 S.E. 13TH COURT POMPANO BEACH, FL 33060 US			Mailing Address 520 S.E. 13TH COURT POMPANO BEACH, FL 33060 US		
2. Principal Place of Business - No P.O. Box # 2021 SE 18TH ST		3. Mailing Address 2021 SE 18TH ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL		4. FEI Number 20-2614778	
Zip 33062		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LANTER, DAVID B 130 SW 91ST AVE SUIT 304 PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name LANTER, DAVID B Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD NW SUITE 317 City BOCA RATON FL Zip Code 33431		
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 <u>DAVID B LANTER</u> DATE <u>6/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREIGHTON, PETER 520 S.E. 13TH COURT POMPANO BEACH, FL 33060		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREIGHTON PETER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2021 SE 18TH ST POMPANO BEACH FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREIGHTON PETER <input type="checkbox"/> Delete 2021 SE 18TH ST POMPANO BEACH FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Peter G Creighton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6/11/08</u> Daytime Phone # <u>954 781 2750</u>		

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