## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 03, 2008 08:00 A Secretary of State DOCUMENT # P05000055105 1. Entity Name TANENHAUS & ASSOCIATES, INC. Principal Place of Business Mailing Address **4733 FOX STREET** 4733 FOX STREET ORLANDO FL 32814 ORLANDO FL 32814 2. Principal Piace of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-2752768 Not Applicable Zιο Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANENHAUS, MARTIN E Street Address (P.O. Box Number is Not Acceptable) 4733 FOX STREET ORLANDO FL 32814 City Zip Code 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 Senature, typed or crimed harm of registered agent and the flappicable. DATE ffvOTE. Registered Agent eignatum required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ De ete TITLE ☐ Change NAME TANENHAUS, MARTIN E NAME U000000844312 4733 FOX STREET STREET ADDRESS STREET ADDRESS 03/12/08-80031-010 150.00 ORLANDO FL 32814 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE De ete ☐ Change Addition MAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 7IP ☐ Addition MILE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Deiele TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

**SIGNATURE** 

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08 40) 22 f 22 Days mo Phone \*