

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 DEC 22 PM 2:58

DOCUMENT # P05000075010 1. Entity Name LAURA HESS & ASSOCIATES, P.A.			
Principal Place of Business 210 NORTH UNIVERSITY DRIVE SUITE #900 CORAL SPRINGS, FL 33071 US		Mailing Address 210 NORTH UNIVERSITY DRIVE SUITE #900 CORAL SPRINGS, FL 33071 US	
2. Principal Place of Business - No P.O. Box, # 6600 NW 16th Street Suite 11 City & State Plantation, FL Zip 33313		3. Mailing Address 6600 NW 16th Street Suite 11 City & State Plantation, FL Zip 33313	
4. FEI Number 20-2985213		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 CHERRY, EDWARD 210 NORTH UNIVERSITY DRIVE SUITE #900 CORAL SPRINGS, FL 33071		7. Name and Address of New Registered Agent Name Daniel J. Stermer Street Address (P.O. Box Number is Not Acceptable) 6600 NW 16th Street Suite 11 City Plantation FL Zip Code 33313	
8. The above named entity, submitting 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: 12/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D HESS, LAURA 210 NORTH UNIVERSITY DRIVE, SUITE #900 CORAL SPRINGS, FL 33071 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Receiver Daniel J. Stermer 6600 NW 16th Street Suite 11 Plantation, FL 33313 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D CHERRY, EDWARD 210 NORTH UNIVERSITY DRIVE, SUITE #900 CORAL SPRINGS, FL 33071 <input checked="" 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	800139210128 12/23/08--01001--001 **372.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 12/23/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			