2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000062823

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32835

HAYNES, CARLUS L

ORLANDO, FL 32835

(X) Delete

6648 TIME SQUARE AVE #103

SD

Entity Name: LAW OFFICES OF HAYNES & LAURENT, P.A.

FILED Jan 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 550 BUMBY AVE STE 280 ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** PO BOX 1833 ORLANDO, FL 328021833 FEI Number: 57-1235276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAURENT, BRAD 23438 ALTMAN AVE PORT CHARLOTTE, FL 33980 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** () Delete Title: **PCFO** (X) Change () Addition LAURENT, BRADLEY N LAURENT, BRADLEY N Name: Name: 6648 TIME SQUARE AVE #103 16209 MISTY BAY COURT Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: CLERMONT, FL 34711 Title: Title: (X) Change () Addition () Delete Name: LAURENT, BRADLEY N Name: HAYNES, CARLUS L 6648 TIME SQUARE AVE #103 3364 WESTCHESTER SQUARE BLVD., UNIT 101 Address: Address: ORLANDO, FL 32835 City-St-Zip: City-St-Zip: ORLANDO, FL 32835 Title: Title: **PCFO** (X) Delete () Change () Addition HAYNES, CARLUS L Name: Name: 6648 TIME SQUARE AVE #103 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BRADLEY N. LAURENT **PCFO** 01/13/2008

() Change () Addition