

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000093127

FILED
Jan 03, 2008
Secretary of State

Entity Name: VAN DONGE AND ASSOCIATES, INC.

Current Principal Place of Business:

6609 NW 50TH STREET
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

6609 NW 50TH STREET
LAUDERHILL, FL 33319

New Mailing Address:

P.O. BOX 8968
FT. LAUDERDALE, FL 33310

FEI Number: 20-5249995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEAUCHAMP, III, J. FRANK
C/O CARMAN, BEAUCHAMP & SANG, P.A.
3335 NW BOCA RATON BLVD
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Title: PT () Delete
Name: VAN DONGE, ROBERT
Address: 6609 NW 50TH STREET
City-St-Zip: LAUDERHILL, FL 33319

Title: VPS () Delete
Name: VAN DONGE, ROBERTA
Address: 6609 NW 50TH STREET
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT L. VAN DONGE

PT

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date