

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000097891

1. Entity Name

LAW OFFICES OF JOHN J. SPITTLER JR. P.A.



Principal Place of Business

1865 BRICKELL AVENUE  
SUITE TH-5  
MIAMI, FL 33129

Mailing Address

1865 BRICKELL AVENUE  
SUITE TH-5  
MIAMI, FL 33129



05102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-8333729

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPITTLER, JOHN J JR.  
1865 BRICKELL AVENUE  
TH-5  
MIAMI, FL 33129

**DO NOT WRITE  
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title (add code)

(NOTE: Registered Agent Signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$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

TITLE	P
NAME	SPITTLER, JOHN J JR.
STREET ADDRESS	1865 BRICKELL AVENUE
CITY- ST- ZIP	MIAMI, FL 33129

TITLE	
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CITY- ST- ZIP	

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06/04/08-80031-017-150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Month Year

5/14/08