

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-09-2008 90009 039 ***150.00

DOCUMENT # P07000075712 1. Entity Name ANN NEAL TELFER, P.A.					
Principal Place of Business 230 SUNRISE DRIVE SUITE #9 KEY BISCAVNE FL 33149 US			Mailing Address 230 SUNRISE DRIVE SUITE #9 KEY BISCAVNE FL 33149 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 26-0456053	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TELFER, ANN N 230 SUNRISE DRIVE SUITE #9 KEY BISCAVNE FL 33149				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent's signature required when changing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$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, T TELFER, ANN N 708 GRANDON BOULEVARD, SUITE 25 KEY BISCAVNE FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 230 Sunrise Drive Suite 9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TELFER, ANN N 708 GRANDON BOULEVARD, SUITE 25 KEY BISCAVNE FL 33149		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 230 Sunrise Drive Suite 9	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u><i>Ann Neal Telfer</i></u> 4/22/08 305 975 5405 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					