

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P92000004996

1. Entity Name

LASHBROOK, WOLLARD & FASANO, P.A.



Principal Place of Business

4481 STIRLING ROAD
FT LAUDEDALE, FL 33314

Mailing Address

4481 STIRLING ROAD
FT LAUDEDALE, FL 33314



04042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0371362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LASHBROOK, DRU D
4481 STIRLING ROAD
FT LAUDERDALE, FL 33314

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00000000000000000000
04/18/08-80020-006 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DRU D. LASHBROOK
STREET ADDRESS 4481 STIRLING ROAD
CITY-ST-ZIP FT LAUDERDALE, FL 33314

TITLE VP
NAME LASHBROOK, DEAN R
STREET ADDRESS 4481 STIRLING RD
CITY-ST-ZIP FT LAUDERDALE, FL 33314

TITLE VP
NAME LASHBROOK, MARTHA H
STREET ADDRESS 4481 STIRLING RD
CITY-ST-ZIP FT LAUDERDALE, FL 33314

TITLE VP
NAME WOLLARD, BRIAN H
STREET ADDRESS 4481 STIRLING RD
CITY-ST-ZIP FT LAUDERDALE, FL 33314

TITLE D
NAME FASANO, DAVID J
STREET ADDRESS 4481 STIRLING ROAD
CITY-ST-ZIP FT LAUDERDALE, FL 33314

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

3/29/08 954-581-8667

Date

Daytime Phone #