2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000010779

1. Entity Name

LUNDY & SHACTER, P.A.



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

Principal Place of Business

400 NORTH PINE ISLAND ROAD

PLANTATION, FL 33324 US

Mailing Address

400 NORTH PINE ISLAND RAOD

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324



01032008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0387313

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNDY, C. RICHARD 400 NORTH PINE ISLAND ROAD 300 PLANTATION EL 33324

DO NOT WRITE IN THIS SPACE

PEANTATION, FE 33324					
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 tille if apolicable. (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 Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT DPT LUNDY, C R 400 NORTH PINE ISLAND RDSUITE PLANTATION, FL 33324 DVS SHACTER, BARRY S 400 NORTH OINE ISLAND RDSUITE PLANTATION, FL 33324	≘ 300			U00000774872 01/08/08-80008-005 150.00 NOT WRITE THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					

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 poort 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 number 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:

STREET ADDRESS CITY-ST-ZIP

D NAME OF SIGNING OFFICER OR DIRECTOR

/214HAAD LUNBY

Daytime Phone #