


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000035815	
1. Entity Name EDWARD H. HURT, JR., P.A.	

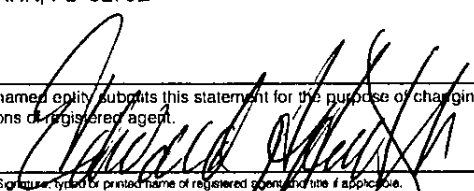
Principal Place of Business 1155 S. SEMORAN BLVE. SUITE 1143 WINTER PARK, FL 32792 US	Mailing Address 1155 S. SEMORAN BLVE. SUITE 1143 WINTER PARK, FL 32792 US
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3181554	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

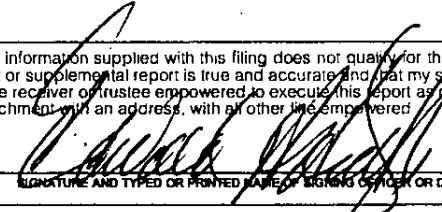
6. Name and Address of Current Registered Agent	
HURT, EDWARD H JR 1155 S. SEMORAN BLVE. SUITE 1143 WINTER PARK, FL 32792	

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 	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE DPV	NAME HURT, EDWARD H JR
STREET ADDRESS 1996 S. CHICASAW TRAIL	CITY-ST-ZIP ORLANDO, FL 32825
TITLE ST	NAME HURT, EDWARD H JR
STREET ADDRESS 1996 S. CHICASAW TRAIL	CITY-ST-ZIP ORLANDO, FL 32825
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

U00000326832
05/20/08-80081-022 150.00

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 an other line empowered.	
SIGNATURE: 	DATE 4/24/08 Daytime Phone # (407) 623-3408