


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90064 007 \*\*\*150.00

<b>DOCUMENT # P93000087450</b> 1. Entity Name <b>AVERETT WARMUS DURKEE, P.A.</b>					
Principal Place of Business <b>1417 EAST CONCORD ST. ORLANDO, FL 32803</b>			Mailing Address <b>1417 EAST CONCORD ST. ORLANDO, FL 32803</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3214308</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WARMUS, JAMES W 1417 EAST CONCORD ST. ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD AVERETT, MARION W 1417 EAST CONCORD ST. ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WARMUS, JAMES W 1417 EAST CONCORD ST. ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD DURKEE, THOMAS V. 1417 EAST CONCORD ST. ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BAUDER, BRUCE J 1417 EAST CONCORD ST. ORLANDO, FL 32803</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD PETOSA, STEPHEN J 1417 EAST CONCORD ST. ORLANDO, FL 32803</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD THOMPSON, PERRY R 1417 EAST CONCORD ST. ORLANDO, FL 32803</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Mary Ann Deisseruth</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>MARY ANN DEISSERUTH</b> <small>Date</small>		
			<b>407-849-1569</b> <small>Daytime Phone #</small>		

ATTACHMENT

40068770

2008 ~~FOR PROFIT CORPORATION~~ ANNUAL REPORT  
DOCUMENT #P93000087450  
AVERETT WARMUS DURKEE, P.A.  
FEI NUMBER: 59-3214308  
ATTACHMENT

BLOCK 10 -- OFFICERS AND DIRECTORS:

TITLE	STC
NAME	DEISSEROTH, MARY ANN
STREET ADDRESS	1417 EAST CONCORD STREET
CITY-ST-ZIP	ORLANDO FL 32803

TITLE	VD
NAME	BREITENSTEIN, SANDRA E.
STREET ADDRESS	1417 EAST CONCORD STREET
CITY-ST-ZIP	ORLANDO FL 32803

TITLE	VD
NAME	MCKEEBY, CHARLES P.
STREET ADDRESS	1417 EAST CONCORD STREET
CITY-ST-ZIP	ORLANDO FL 32803

TITLE	VC
NAME	SENN, TANA L.
STREET ADDRESS	1417 EAST CONCORD STREET
CITY-ST-ZIP	ORLANDO FL 32803