

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90040 045 \*\*\*150.00

**DOCUMENT # P94000020671**

1. Entity Name

JOAN TRATHEN INC



Principal Place of Business

2202 CYPRESS BEND DR S

STE 602

POMPANO BEACH, FL 33069 US

Mailing Address

2202 CYPRESS BEND DR S

STE 602

POMPANO BEACH, FL 33069 US



02212008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0469746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

TRATHEN, JOAN

2202 CYPRESS BEND DR S

STE 602

POMPANO BEACH, FL 33069

**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**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME TRATHEN, JOAN  
STREET ADDRESS 2202 CYPRESS BEND DR. S. #602  
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

JOAN TRATHEN

2/26/08

Date

954-979-9452

Daytime Phone #