## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # P94000068134**1. Entity Name

1. Entity Name DANIEL J. TADDEO, P.A.



FILED Jan 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1235A NW SUN TERRACE Port Saint Lucie, FL 34986

US

1235A NW SUN TERRACE PORT SAINT LUCIE, FL 34986

US



01052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0516884 Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TADDEO, DANIEL J 1235A NW SUN TERRACE PORT SAINT LUCIE, FL 34986

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
, SIGNATORIE.	Signature, typed or printed name of gistered agent and title if	f applicable. (NOTE: Registered Ager	nt signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TADDEO, DANIEL J 1235 A NW SUN TERRACE PORT SAINT LUCIE, FL 34986		00000803332 02/05/08-80021-009 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/05/08-80021-003 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME			-		

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.

CICMATIDE

STREET ADDRESS CITY-ST-ZIP

Sanu Stabler.

Princhet 1-7-08