

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000074387

1. Entity Name
ELLEN M. ZEIGER, P.A.



Principal Place of Business
9985 N.W. 19TH ST.
CORAL SPRINGS, FL 33071

Mailing Address
% BLAKESBERG & CO
951 SW 4TH AVE
BOCA RATON, FL 33432

**FILED
Jan 24, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0533191	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEIGER, ELLEN M
9985 NORTHWEST 19TH STREET
CORAL SPRINGS, FL 33071

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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 DP
NAME ZEIGER, ELLEN M
STREET ADDRESS 9985 N.W. 19TH ST.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE DST
NAME ZEIGER, JOEL E
STREET ADDRESS 9985 N.W. 19TH ST.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000795445
01/28/08-80046-024-150.00

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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: *Ellen M. Zeiger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

Date

Daytime Phone #