
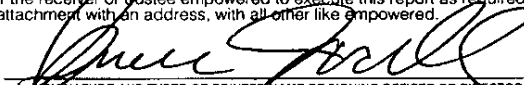


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 18, 2008 8:00 am**  
**Secretary of State**

06-18-2008 90001 027 \*\*\*150.00

<b>DOCUMENT # P94000075312</b> 1. Entity Name <b>BRUCE D. JORDAN, P.A.</b>					
Principal Place of Business <b>959 PERIWINKLE WAY</b> <b>SANIBEL, FL 3395-7 US</b>			Mailing Address <b>9807 FATHOM COURT</b> <b>FORT MYERS, FL 33919</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>65-0529071</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>JORDAN, BRUCE D</b> <b>9807 FATHOM COURT</b> <b>FORT MYERS, FL 33919</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> Zip Code</span>		
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JORDAN, BRUCE D 9807 FATHOM COURT FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JORDAN, BRUCE D 9807 FATHOM COURT FORT MYERS, FL 33919	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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			Date <b>4-29-08</b> Daytime Phone #		

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ATTACHMENT

**Annual Report Online Filing**

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Document Number P94000075312  
Business Entity Name BRUCE D. JORDAN, P.A.  
FEI Number 650529071  
FEI Number Status  
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

**Principal Place of Business**

Address 959 PERIWINKLE WAY  
Suite, Apt. #, etc.  
City, State SANIBEL, FL  
Zip Code & Country 33957 US

**Mailing Address**

Address 2635 NE 7TH ST. # 105  
City, State OCALA, FL  
Zip Code & Country 34470

**Name And Address of Registered Agent**Change of address  
↙

Name (Last, First, Middle, Title) JORDAN, BRUCE, D  
Address 2635 NE 7TH ST # 105  
City, State OCALA, FL  
Zip Code & Country 34470 US  
Registered Agent Signature BRUCE JORDAN

**Officer/Director Name And Address**

ATTACHMENT

40108574 P94600075312

**Name And Address #1**

Title PVST  
Name (Last, First, Middle, Title) JORDAN, BRUCE , D  
Street Address 2635 NE 7TH ST #105  
City, State OCALA, FL  
Zip Code & Country 34470 US

**Name And Address #2**

Title PVST  
Name (Last, First, Middle, Title) JORDAN, BRUCE , D  
Street Address 2635 NE 7TH ST # 105  
City, State OCALA, FL  
Zip Code & Country 34470 US

Title PVST -  
Officer/Director Signature BRUCE JORDAN

Continue