## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2008 08:00 All Secretary of State DOCUMENT # P94000083641 **BUTENSKY & COHEN, INC.** Principal Place of Business Mailing Address 110 PROFESSIONAL DR 110 PROFESSIONAL DR STE 104 STE 104 PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3304784 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N DO NOT WRITE 5150 BELFORT ROAD SUITE 100 IN THIS SPACE JACKSONVILLE, FL 32256 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signifure required when reinstiting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP TIME BUTENSKY, JAN D. NAME STREET ADDRESS 110 PROFESSIONAL DR U00000895406 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 94/24/08-80067-028 150.00 TITE F NAME COHEN, ALLAN A. STREET ADDRESS 110 PROFESSIONAL DR CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 Mιε NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TEN E IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

CICNATUDE.

STREET ADDRESS CITY-ST-ZIP

Allan Cohen

4/8/08

14- 222- 9850