

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90040 023 ***150.00

DOCUMENT # P96000006418					
1. Entity Name REINMAN MATHESON VAUGHAN & DURHAM, P.A. REINMAN DURHAM & SACK, P.A.					
Principal Place of Business 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901			Mailing Address 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box # 2101 S. Waverly Pl.		3. Mailing Address 2101 S. Waverly Pl.			
Suite, Apt. #, etc. Suite 200 E		Suite, Apt. #, etc. Suite 200 E			
City & State Melbourne, Florida		City & State Melbourne, Florida			
Zip 32901		Zip 32901			
Country Brevard		Country Brevard		02192008 Chg-P CR2E034 (12/06)	
4. FEI Number 59-3356218				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINMAN, JAMES L 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name James L. Reinman Street Address (P.O. Box Number is Not Acceptable) 2101 S. Waverly Pl., Ste 200 E City Melbourne FL Zip Code 32901		
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: JAMES L. REINMAN 2/21/2008 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REINMAN, JAMES L 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James L. Reinman 2101 S. Waverly Pl., Ste. 200 E Melbourne, FL 32901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MATHESON, MAUREEN M 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VAUGHAN, KATHRYN A 400 S. ATLANTIC AVE., STE. 112 ORMOND BEACH, FL 32176	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURHAM, GREGORY P SR 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Gregory P. Durham, Sr. 2101 S. Waverly Pl., Ste. 200E Melbourne, FL 32901	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAUGHAN, KATHRYN A 400 S. ATLANTIC AVE., STE. 112 ORMOND BEACH, FL 32176	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S Gary B. Sack 2101 South Waverly Pl., Ste. 200 E Melbourne, FL 32901	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DURHAM, GREGORY P SR 1825 RIVERVIEW DRIVE MELBOURNE, FL 32901	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S Gary B. Sack 2101 South Waverly Pl., Ste. 200 E Melbourne, FL 32901	☐ Change ☐ Addition
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: JAMES L. REINMAN Date: 2/21/2008 Daytime Phone #		