

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P96000016779</b>	
1. Entity Name <b>WARREN &amp; WARREN, P.A.</b>	
Principal Place of Business <b>444 SEABREEZE BLVD SUITE 615 DAYTONA BEACH, FL 32118 US</b>	Mailing Address <b>444 SEABREEZE BLVD SUITE 615 DAYTONA BEACH, FL 32118 US</b>



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3357855</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WARREN, RAYMOND M  
444 SEABREEZE BLVD  
SUITE 615  
DAYTONA BEACH, FL 32118**

**DO NOT WRITE  
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 NAME STREET ADDRESS CITY-ST-ZIP	PT WARREN, RAYMOND M 5945 DORAVILLE DRIVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS WARREN, JOSEPH C 175 VALENCIA DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/08-80068-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Raymond M. Warren  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Raymond M. Warren, President**

3.11.08  
Date

(386)253-5612  
Daytime Phone #