

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000039486

FILED
Feb 08, 2008
Secretary of State

Entity Name: ORTH, CHAKLER, MURNANE & COMPANY, CPAS, P.A.

Current Principal Place of Business:

12515 N KENDALL DR
124
MIAMI, FL 331861830 US

New Principal Place of Business:

Current Mailing Address:

12515 N KENDALL DR
124
MIAMI, FL 331861830 US

New Mailing Address:

FEI Number: 65-0662923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHAKLER, HUGH S
1636 SW 148 TERR
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ORTH, DOUGLAS J
Address: 8575 S.W. 113TH TERR
City-St-Zip: MIAMI, FL 33156 US

Title: DVST () Delete
Name: CHAKLER, HUGH S
Address: 1636 S.W. 148TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: DV () Delete
Name: MURNANE, JOHN J JR.
Address: 800 CYPRESS POINTE DRIVE EAST
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: DV () Delete
Name: GRINER, JAMES A
Address: 1751 NW 106 AVE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: DV () Delete
Name: CARMICHAEL, LORI J
Address: 9904 ROYAL COLONY DRIVE
City-St-Zip: WAXHAW, NC 28173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: GRINER, JAMES A
Address: 507 COTTONWOOD CREEK
City-St-Zip: MOUNT JULIET, TN 37122 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS J. ORTH

DP

02/08/2008

Electronic Signature of Signing Officer or Director

_____ Date