

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000055689

1. Entity Name  
DAVID LEWIS & ASSOCIATES, INC.



Principal Place of Business  
2116 SARNO ROAD  
MELBOURNE, FL 32935

Mailing Address  
2116 SARNO ROAD  
MELBOURNE, FL 32935

**DO NOT WRITE IN THIS SPACE**

**FILED  
Jul 21, 2008 8:00 am  
Secretary of State**

07-21-2008 90026 044 \*\*\*150.00



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1999357	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWIS, DAVID A
STREET ADDRESS	2116 SARNO ROAD
CITY-ST-ZIP	MELBOURNE, FL 32935

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

DAVID A. LEWIS 7-15-08

Date

321-5435-6000

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**



## ATTACHMENT

40111458

July 15, 2008

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Re: P96000055689

Dear Madam/Sir:

Enclosed please find the Annual Report and check for \$150.00.

I respectfully request a waiver of the \$400.00 late fee for this report as the Postcard of Notice of Intent to Dissolve was the first notice received regarding this report.

Thank you for your attention to this request.

A handwritten signature in black ink, appearing to read 'David' followed by a surname.

David A. Lewis  
Chief Executive Officer