

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

07-21-2008 90026 044 ***150.00

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



07152008 No Chg-P CR2E034 (11/05)

4. FEI Number
52-1999357

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: DAVID A. LEWIS 7-15-08 321-435-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



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.

David A. Lewis
Chief Executive Officer