

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000065152	
1. Entity Name SUTTON BOCA ONE DEVELOPERS INC.	

Principal Place of Business 1801 CLINTMOORE RD. BOCA RATON FL 33487	Mailing Address 1801 CLINTMOORE RD. BOCA RATON FL 33487
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0696533	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent YUDELL, DAVID H. 17290 CORAL COVE WAY BOCA RATON FL 33496	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

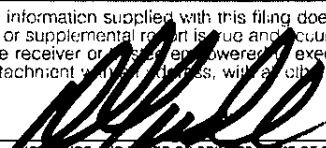
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when removing agent) DATE _____

FILE NOW!!! FEE: IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUDELL, DAVID H. 17290 CORAL COVE WAY BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000832876 02/27/08-80076-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete S YUDELL, JUDY 17290 CORAL COVE WAY BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 clerk 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 my address, with a clerk-like empowered.

SIGNATURE:  **DAVID YUDELL Pres** **2/14/08 561 998 6055**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR