## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000073671

1. Entity Name
THOMAS JORDAN P.A.

Principal Place of Business

888 EAST LAS OLAS BOULEVARD

SUITE 700

FORT LAUDERDALE, FL 33301-2289 US

Mailing Address

412 SE 26 AVENUE

FORT LAUDERDALE, FL 33301

US

## FILED Apr 23, 2007 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For

5. Certificate of Status Desired

65-0692743

S8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

JORDAN, THOMAS 888 EAST LAS OLAS BOULEVARD SUITE 700 FORT LAUDERDALE, FL 33316 DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000727784 05/04/07-80055-020 19	50.00
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, THOMAS 412 SE 26 AVEN FORT LAUDERDALE, FL 33301					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. Thereby certify that the information supplied with this filling 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:

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

but 18 01

Daytime Phone #