FILED
Jun 17, 2008 8:00 am
Secretary of State

05-05-2008 90222 023 ***138.75
06-17-2008 90001 014 ****11.25

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000076374

1. Entity Name
RICHARD E. TORPY, P.A.

40108487

04142008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
202 N HARBOR CITY BLVD STE 200 MELBOURNE, FL 32935	202 N HARBOR CITY BLVD STE 200 MELBOURNE, FL 32935

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
100 S. HARBOR CITY BLVD.	100 S. Harbor City Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MELBOURNE, FLA	City & State: MELBOURNE, FLA.
Zip: 32901 Country: USA	Zip: 32901 Country: USA

4. FEI Number: 59-3397527 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TORPY, RICHARD E
202 N HARBOR CITY BLVD
SUITE 200
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name: TORPY, RICHARD E.
Street Address (P.O. Box Number is Not Acceptable): 100 South Harbor City Blvd.
City: MELBOURNE FL Zip Code: 32901

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 $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORPY, RICHARD E 202 N HARBOR CITY BLVD #200 MELBOURNE, FL 32935	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORPY, RICHARD E. 100 S. Harbor City Blvd. MELBOURNE FLA. 32901	☑ 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 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] 4/30/08 321-727-8353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #