2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000098391

1. Entity Name
JOHN DE MANSKER, P.A.

FILED

FILED
Apr 14, 2008 08:00 AI
Secretary of State

Principal Place of Business	Mailing Address
545 LAKE SHORE CIRCLE	545 LAKE SHORE CIRCLE
LAKE MARY, FL 32746	LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

04082008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3412070	Not Applicable

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

6. Name and Address of Current Registered Agent

DE MANSKER, JOHN
545 LAKE SHORE CIRCLE
LAKE MARY, FL 32746

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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

TITLE	D
NAME	DE MANSKER, JOHN
STREET ADDRESS	545 LAKE SHORE CIRCLE
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	

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04/25/08-80018-025 150.00

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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: _____ John D. Mansker 8/7/08 389-9261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #