


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90119 047 \*\*\*150.00

<b>DOCUMENT # P97000014956</b> 1. Entity Name <b>CYNTHIA C. WITTER, INC.</b>					
Principal Place of Business <b>7567 PRESERVE COURT WEST PALM BEACH, FL 33412-2426</b>			Mailing Address <b>7567 PRESERVE COURT WEST PALM BEACH, FL 33412-2426</b>		
2. Principal Place of Business - No P.O. Box # <b>4350 65TH DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4350 65TH DRIVE</b> Suite, Apt. #, etc.			
City & State <b>VERO BEACH FL</b> Zip <b>32967</b>		City & State <b>VERO BEACH FL</b> Zip <b>32967</b>		4. FEI Number <b>65-0744176</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>CHISMARK, GEORGE E JR. 7567 PRESERVE CT. WEST PALM BEACH, FL 33412</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4350 65TH DRIVE</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32967</b>		
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 <u><b>GEORGE E. CHISMARK, JR</b></u> <u><i>George E. Chismark Jr</i></u> <u><b>4/22/08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>WITTER, CYNTHIA C</b> <b>1200 MARINE WAY</b> <b>NORTH PALM BEACH, FL 33408</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GEORGE CHISMARK</b> <b>4350 65TH DRIVE</b> <b>VERO BEACH, FL 32967</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>George Chismark</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><b>4/22/08</b></u> <u><b>561-630-7766</b></u> <small>Date Daytime Phone #</small>		