

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000031403

1. Entity Name
DEERFIELD COVE, INC.

FILED

08 MAR 21 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
215 N. FEDERAL HWY.
1
BOCA RATON, FL 33432Mailing Address
215 N. FEDERAL HWY.
1
BOCA RATON, FL 33432

03052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0828303Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BATMASIAN, JAMES H
215 N. FEDERAL HWY.
1
BOCA RATON, FL 33432DO NOT WRITE
IN THIS SPACE

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 \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BATMASIAN, JAMES H
STREET ADDRESS 215 N. FEDERAL HWY.
CITY-ST-ZIP BOCA RATON, FL 33432TITLE VST
NAME BATMASIAN, MARTA
STREET ADDRESS 215 N. FEDERAL HWY.
CITY-ST-ZIP BOCA RATON, FL 33432TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Marta

400120969764
03/24/08--01002--003 **5456.25DO NOT WRITE
IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/06/08