

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000082476**

1. Entity Name

LAW OFFICES OF TYLER W. HARDING, P.A.



Principal Place of Business

9070 KIMBERLY BLVD  
SUITE 57  
BOCA RATON, FL 33434

Mailing Address

9070 KIMBERLY BLVD  
SUITE 57  
BOCA RATON, FL 33434



01032008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0874857

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARDING, TYLER W  
9070 KIMBERLY BLVD  
SUITE 57  
BOCA RATON, FL 33434

**DO 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 \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HARDING, TYLER W  
STREET ADDRESS 9070 KIMBERLY BLVD #57  
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

U00000774288  
01/07/08-80008-018 150.00

**DO 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 #

1/3/08

561-482-dcom