


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90003 050 ***150.00

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|--|--|---------------------------------|--|---|--|
| DOCUMENT # P99000041054 | | | |  | |
| 1. Entity Name DAVID J. BORDELON, P.A. | | | | | |
| Principal Place of Business 3998 N. PALAFOX ST PENSACOLA, FL 32505 | | | Mailing Address 3998 N. PALAFOX ST PENSACOLA, FL 32505 | | |
| 2. Principal Place of Business - No P.O. Box # 4800 N. DAVIS Hwy | | | 3. Mailing Address 4800 N. DAVIS Hwy | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip 32503 | | Country | | Zip 32503 | |
| | | | | Country | |
| 4. FEI Number 65-0917385 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BORDELON, DAVID J 3998 N. PALAFOX PENSACOLA, FL 32505 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| 4800 N. DAVIS Hwy | | | 4800 N. DAVIS Hwy | | |
| City | | | City | | |
| FL | | | FL | | |
| Zip Code 32503 | | | Zip Code 32503 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BORDELON, DAVID J 3998 N. PALAFOX STREET PENSACOLA, FL 32505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4800 N. DAVIS Hwy. PENSACOLA FL 32503 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BORDELON, VICKI 3998 N. PALAFOX STREET PENSACOLA, FL 32505 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4800 N. DAVIS Hwy PENSACOLA FL 32503 | <input checked="" 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 |
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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: Vicki L. Bordelon <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |