


2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000048055

1. Entity Name
DEROLF & ASSOCIATES, INC.



Principal Place of Business 3920 RIVERLAND RD FORT LAUDERDALE, FL 33312	Mailing Address 3920 RIVERLAND RD FORT LAUDERDALE, FL 33312
---	---



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0920919	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

DEROLF, DENNIS J
 3920 RIVERLAND RD
 FORT LAUDERDALE, FL 33312-4630

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEROLF, DENNIS J 3920 RIVERLAND RD FORT LAUDERDALE, FL 333124630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEROLF, JEAN 3920 RIVERLAND RD FORT LAUDERDALE, FL 333124630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, JULIE R 3920 RIVERLAND RD FORT LAUDERDALE, FL 333124630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000593665
 01/12/07-80005-015 150.00

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]* 1/8/07 954 321 3295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #