


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90015 032 \*\*\*150.00

<b>DOCUMENT # P99000097936</b>	
1. Entity Name <b>DEN BESTE AND MAGRUDER, P.A.</b>	

Principal Place of Business <b>121 W UNDERWOOD ST ORLANDO, FL 32806-1111</b>	Mailing Address <b>121 W UNDERWOOD ST ORLANDO, FL 32806-1111</b>
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2. Principal Place of Business - No P.O. Box # <b>120 E. Par St.</b>	3. Mailing Address <b>120 E. Par St.</b>
Suite, Apt. #, etc. <b>Suite 2000</b>	Suite, Apt. #, etc. <b>Suite 2000</b>
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32804-3907</b>	Country <b>U.S.</b>

40033876



01222008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3607402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>DEN BESTE, BRIAN P 121 W UNDERWOOD ST ORLANDO, FL 32806-1111</b>	7. Name and Address of New Registered Agent Name <b>G. BROCK MAGRUDER JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 E. Par St.</b> <b>Suite 2000</b> City <b>Orlando</b> FL Zip Code <b>32804</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DEN BESTE, BRIAN P 121 W UNDERWOOD ST ORLANDO, FL 328061111</b> <input checked="" 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	<b>D MAGRUDER, G B JR 121 W UNDERWOOD STREET ORLANDO, FL 32803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>120 E. Par St., Suite 2000 Orlando, FL 32804-3907</b> <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
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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*G. Brock Magruder Jr*  
2/21/08.