

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90023 031 ***150.00

DOCUMENT # V02289 1. Entity Name GLICKSTEIN LAVAL CARRIS, P.A.					
Principal Place of Business 555 WINDERLEY PLACE STE. 400 MAITLAND, FL 32751			Mailing Address P O BOX 940849 MAITLAND, FL 32794		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3094260	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARTIN R. GLICKSTEIN 555 WINDERLEY PLACE SUITE 400 MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 reinstating) DATE</small>					
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	VPD LAVAL, RODNEY S. 555 WINDERLEY PLACE, STE. 400 MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ornstein, Richard M. 555 Winderley Place, Ste. 400 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLICKSTEIN, MARTIN R 555 WINDERLEY PLACE, STE. 400 MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Taylor, Paula M 555 Winderley Place, Ste. 400 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARRIS, W. NEAL 555 WINDERLEY PLACE, STE. 400 MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hamlin, J. Russell 555 Winderley Place, Ste. 400 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANTUMA, MARY C 555 WINDERLEY PLACE, STE. 400 MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOOMIS, JAMES M. 555 WINDERLEY PLACE, STE. 400 MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUSBY, BETHANY K 555 WINDERLEY PLACE, STE. 400 MAITLAND, FL 32751	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ VP 2/8/2008 407-645-4775 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					