


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90033 017 ***150.00

DOCUMENT # V15390 1. Entity Name TENTH AVENUE NORTH, INC.					
Principal Place of Business 1520 TENTH AVENUE NORTH SUITE F LAKE WORTH, FL 33460			Mailing Address 1520 TENTH AVENUE NORTH SUITE F LAKE WORTH, FL 33460		
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		
6. Name and Address of Current Registered Agent HALL, STEPHEN W. 11391 MANATEE TERRACE LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number 65-0313033	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HALL, STEPHEN W 11391 MANATEE TERRACE LAKE WORTH, FL 33467 33449		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S D HALL, NANCY Z 11391 MANATEE TERR. LAKE WORTH, FL 33467		S D Hall, Nancy Z. 11391 Manatee Terrace Lake Worth FL 33449		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
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 I am empowered.					
SIGNATURE: <u>Stephen W Hall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/7/08 541-533-9700 <small>Date Daytime Phone #</small>			