

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 07, 2008 08:00 AM
Secretary of State**

DOCUMENT # V24732

1. Entity Name
LUTZ, BOBO & TELFAIR, P.A.



Principal Place of Business

**2 NORTH TAMiami TRAIL
SUITE 500
SARASOTA, FL 34236 US**

Mailing Address

**2 NORTH TAMiami TRAIL
SUITE 500
SARASOTA, FL 34236 US**



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0323443

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUTZ, ROGER
2 NORTH TAMiami TRAIL
SUITE 500
SARASOTA, FL 34236**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12-9-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000819717
02/15/08-80094-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUTZ, ROGER
695 KEY ROYALE DR.
HOLMES BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LUTZ, ROGER
695 KEY ROYALE DRIVE
HOLMES BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOBO, J. ALLEN
630 EMERALD LANE
HOLMES BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TELFAR, CHARLES W
1100 OAKFORD RD
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BOBO, J. ALLEN
630 EMERALD LANE
HOLMES BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
TELFAR, CHARLES W
1100 OAKFORD ROAD
SARASOTA, FL**

**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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-9-08

Date

941-951-1800

Daytime Phone #