


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90040 048 \*\*\*150.00

<b>DOCUMENT # V73850</b>			
1. Entity Name <b>PARDEW ENTERPRISES CORPORATION</b>			
Principal Place of Business <b>10 HARBOUR DR S OCEAN RIDGE FL 33435</b>		Mailing Address <b>10 HARBOUR DR S OCEAN RIDGE FL 33435</b>	
2. Principal Place of Business - No P.O. Box # <b>804 S.E. 1ST</b>		3. Mailing Address <b>10 HARBOUR DR. S.</b>	
Suite, Apt. #, etc. <b>A</b>		Suite, Apt. #, etc. <b>NA</b>	
City & State <b>BOYNTON BEACH</b>		City & State <b>FL. OCEAN RIDGE</b>	
Zip <b>33435</b>	Country <b>PALM BEACH</b>	Zip <b>33435</b>	Country <b>PALM BEACH</b>
6. Name and Address of Current Registered Agent  <b>PARDEW, SCOTT 10 HARBOUR DR S OCEAN RIDGE FL 33435</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD PARDEW, SCOTT 10 HARBOUR DR S OCEAN RIDGE FL <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	VSTD PARDEW, MICHELLE 10 HARBOUR DR S OCEAN RIDGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: SCOTT PARDEW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-08 561-737-8818  
Date Daytime Phone