

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000003228 1. Entity Name DAVID B. GOLDMAN, P.A.	
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Principal Place of Business 1300 PARK OF COMMERCE BLVD.,STE.273 DELRAY BEACH, FL 33445	Mailing Address 1300 PARK OF COMMERCE BLVD.,STE.273 DELRAY BEACH, FL 33445
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DO NOT WRITE IN THIS SPACE



03252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0997112	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GOLDMAN, DAVID B
1300 PARK OF COMMERCE BLVD.,STE.273
DELRAY BEACH, FL 33445

**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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS GOLDMAN, DAVID B 11565 BISSKY CT BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/04/05-80012-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

X 4/1/05 561 871-7551