


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Feb 06, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P03000061859  
1. Entity Name  
BARRY W. WEISSMAN, P.A.



Principal Place of Business      Mailing Address  
9131 CRYSTAL CT                      9131 CRYSTAL CT  
NAPLES, FL 34120 US                NAPLES, FL 34120 US

**DO NOT WRITE IN THIS SPACE**



01152008    No Chg-P    CR2E034 (11/05)

4. FEI Number 30-0181186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, DONALD K JR.  
599 NINTH STREET NORTH  
SUITE 300  
NAPLES, FL 34102

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WEISSMAN, BARRY W 9131 CRYSTAL COURT NAPLES, FL 34120
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/15/08-80032-022 150.00

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 reports 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: Barry W. Weissman PA    Barry W. Weissman PA    2/1/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #