


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90045 006 \*\*\*150.00

DOCUMENT # P96000002912

1. Entity Name  
 SUSSMAN LAW GROUP, P.A.



Principal Place of Business  
 2203 NORTH LOIS AVENUE, SUITE 948  
 TAMPA, FL 33607

Mailing Address  
 2203 NORTH LOIS AVENUE, SUITE 948  
 TAMPA, FL 33607

50024625



2. Principal Place of Business  
*P.O. Box 21105*

3. Mailing Address  
*P.O. Box 21105*

Suite, Apt. #, etc.  
*Tampa, FL*

Suite, Apt. #, etc.  
*Tampa, FL*

City & State  
*Tampa, FL*

City & State  
*Tampa, FL*

08032006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-3356583

Applied For  
 Not Applicable

Zip  
*33622*

Country  
*USA*

Zip  
*33622*

Country  
*USA*

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

6. Name and Address of Current Registered Agent  
 SUSSMAN, DOV  
 2203 NORTH LOIS AVENUE, SUITE 948  
 TAMPA, FL 33607

7. Name and Address of New Registered Agent  
 Name *DOV SUSSMAN*  
 Street Address (P.O. Box Number is Not Acceptable) *3507 W. San Luis Street*  
*Tampa*  
 City *Tampa* FL Zip Code *33629*

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 *DOV SUSSMAN* DATE *7/31/2006*

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

**FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDEC SUSSMAN, DOV 2203 NORTH LOIS AVENUE, SUITE 948 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DOV SUSSMAN</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>PO BOX 21105</i> <i>Tampa, FL 33622</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *DOV SUSSMAN President* DATE *7/31/2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #