

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 482670**

1. Entity Name  
FLANAGAN, ZBAR, TACKETT & ASSOCIATES, P.A.



Principal Place of Business

1 EAST BROWARD BLVD  
STE 700  
FORT LAUDERDALE, FL 33301 US

Mailing Address

PO BOX 14186  
FT. LAUDERDALE, FL 33302 US



04202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1609880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZBAR, MARCUS J  
1 EAST BROWARD BLVD  
STE 700  
FORT LAUDERDALE, FL 33301

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZBAR, MARCUS J
STREET ADDRESS	1 EAST BROWARD BLVD STE 700
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

TITLE	
NAME	
STREET ADDRESS	
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000000736548  
05/10/07-80020-013 150.00

**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 like empowered.

**SIGNATURE:**

*Meriel Zbar (wife of Marcus Zbar deceased)* 4/23/2007 954-763-1601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #