

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 514794**

1. Entity Name  
PRINCE GLICK, P.A.



**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

Principal Place of Business  
1112 SE 3RD AVENUE  
FT. LAUDERDALE, FL 33316

Mailing Address  
1112 SE 3RD AVENUE  
FT. LAUDERDALE, FL 33316



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1697993

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PRINCE, CHARLES M.  
1112 SE 3RD AVENUE  
FT. LAUDERDALE, FL 33316

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 reissuing)

DATE

**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 PTD  
NAME PRINCE, CHARLES M.  
STREET ADDRESS 1112 SE 3RD AVENUE  
CITY-ST-ZIP FT. LAUDERDALE, FL 33316  
TITLE VSD  
NAME GLICK, JOSEPH  
STREET ADDRESS 1112 SE 3RD AVENUE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33316  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000786113  
01/17/08-80027-018 150.00

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 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

JOSEPH GLICK

Date

Daytime Phone #

1/11/08 (954) 525-1112