

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 601257

1. Entity Name
SHELDON J. SCHLESINGER, P.A.



Principal Place of Business
**1212 S.E. 3RD AVE.
FT. LAUDERDALE, FL 33316**

Mailing Address
**1212 S.E. 3RD AVE.
FT. LAUDERDALE, FL 33316**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1265245

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHLESINGER, SHELDON J
1212 S.E. 3RD AVE.
FT. LAUDERDALE, FL 33316**

**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)

**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**

01/23/08-80087-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHLESINGER, SHELDON J
STREET ADDRESS 4451 N. MANGRUM CT.
CITY-ST-ZIP HOLLYWOOD, FL

TITLE S
NAME SCHLESINGER, GREGG A
STREET ADDRESS 1212 SE 3RD AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE T
NAME SCHLESINGER, SCOTT P
STREET ADDRESS 1212 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

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/08
Date

954/467-8800
Daytime Phone #