

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 640793

1. Entity Name

ROBERT S. LEVY P.A.



Principal Place of Business

1615 FORUM PL
SUITE 1-B
WEST PALM BEACH FL 33401
US

Mailing Address

1615 FORUM PL
SUITE 1-B
WEST PALM BEACH FL 33401
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-1958514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVY, ROBERT S.
1615 FORUM PL
SUITE 1-B
WEST PALM BEACH FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of officer or director of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	LEVY, ROBERT S	
STREET ADDRESS	1615 FORUM PL, SUITE 1-B	
CITY-STATE-ZIP	WEST PALM BEACH FL 33401	
TITLE	AS	☐ Delete
NAME	LEVY, CEIL N	
STREET ADDRESS	1615 FORUM PL, SUITE 1-B	
CITY-STATE-ZIP	WEST PALM BEACH FL 33401	
TITLE	S	☐ Delete
NAME	BAKER, MARLENE	
STREET ADDRESS	1615 FORUM PL, SUITE 1-B	
CITY-STATE-ZIP	WEST PALM BEACH FL 33401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U00000705510
CITY-STATE-ZIP	04/23/07-80051-010 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Robert S. Levy, Pres.

4-10-07

561/686-6080

Date

Daytime Phone #