


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 645411

1. Entity Name
JACK P. LA MARR, ATTORNEY AT LAW. P.A.



Principal Place of Business 2601 E OAKLAND PARK BLVD STE 501 FT LADUERDAEL, FL 33306 US	Mailing Address 2601 E PAKLAND PARK BLVD STE 501 FT LADUERDAEL, FL 33306 US
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07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE


4. FEI Number 59-2023422	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LA MARR, JACK P., ESQ.
 2601 E OAKLAND PARK BLVD STE 501
 FORT LAUDERDALE, FL 33306**

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
 Due by September 7, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMARR, JACK P. 2601 E OAKLADN APRK BLVD STE 501 FT LAUDERDALE, FL
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 07/18/05-80005-005 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date Daytime Phone #