


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90056 027 ***150.00

DOCUMENT # 676212			
1. Entity Name IRA GOLDBERG & SON, INC.			
Principal Place of Business 3 ALEXANDER COURT ORMOND BCH, FL 32174		Mailing Address 3 ALEXANDER COURT ORMOND BCH, FL 32174	
2. Principal Place of Business - No P.O. Box # 7 SANDY LAKE CIR		3. Mailing Address 7 SANDY LAKE CIR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORMOND BEACH FL		City & State ORMOND BEACH FL	
Zip 32174	Country FLORIDA	Zip 32174	Country FLORIDA



01152007 Chg-P CR2E034 (12/06)

4. FE# Number
59-2005307

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDBERG, IRA
3 ALEXANDER COURT
ORMOND BCH, FL 32174

Michael A. Goldberg

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7. Name and Address of New Registered Agent

Name
MICHAEL GOLDBERG

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

7 SANDY LAKE CIRCLE

City
ORMOND BEACH FL Zip Code 32174

I, 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.

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
GOLDBERG, IRA
3 ALEXANDER CT
ORMOND BEACH, FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
GOLDBERG, MICHAEL A
1538 POPLAR DR.
ORMOND, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
7 Sandy Lake Circle
Ormond Beach, FL 32174

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: *Michael A. Goldberg* MICHAEL A. GOLDBERG

2-7-07