

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90369 026 ***150.00

DOCUMENT # G79026

1. Entity Name
JEFFREY R. EISENSMITH, P.A.



Principal Place of Business
**ONE FINANCIAL PLAZA
SUITE 1610
FT. LAUDERDALE, FL 33394 US**

Mailing Address
**ONE FINANCIAL PLAZA
SUITE 1610
FT. LAUDERDALE, FL 33394**

2. Principal Place of Business
**5561 N. University Dr.
Suite, Apt. #, etc. # 103**

3. Mailing Address
**5561 N. University Dr.
Suite, Apt. #, etc. # 103**

City & State
Coral Springs, FL
Zip
33067 Country

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Coral Springs, FL
Zip
33067 Country

04142006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2373008

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EISENSMITH, JEFFREY R
ONE FINANCIAL PLAZA, SUITE 1610
SUITE 1610
FORT LAUDERDALE, FL 33394**

7. Name and Address of New Registered Agent

Name **EisenSmith, Jeffrey R.**
Street Address (P.O. Box Number is Not Acceptable)
**5561 N. University Dr.
#103**
City **Coral Springs** FL Zip Code **33067**

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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **EISENSMITH, JEFFREY R.**
STREET ADDRESS **ONE FINANCIAL PL., 1610**
CITY-ST-ZIP **FORT LAUDERDALE, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5561 N. University Dr. #103**
CITY-ST-ZIP **CORAL Springs, FL 33067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

4/10/06 954-523-7601