


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

3/1

FILED
Apr 04, 2007 8:00 am
Secretary of State

03-27-2007 90016 033 ***150.00

DOCUMENT # G79026 1. Entity Name JEFFREY R. EISENSMITH, P.A.	
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Principal Place of Business 5561 N UNIVERSITY DR #103 CORAL SPRINGS, FL 33067 US	Mailing Address 5561 N UNIVERSITY DR #103 CORAL SPRINGS, FL 33067 US
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66007974



03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2373008	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EISENSMITH, JEFFREY R.
5561 N UNIVERSITY DR
#103
CORAL SPRINGS, FL 33067

**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
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	D
NAME	EISENSMITH, JEFFREY R.
STREET ADDRESS	5561 N UNIVERSITY DR., #103
CITY - ST - ZIP	CORAL SPRING, FL 33067

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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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

Date

Daytime Phone #