

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
3 Apr 21, 2008 8:00 am
Secretary of State

03-31-2008 90034 041 ***150.00

DOCUMENT # H08901 1. Entity Name GERALD LEVY, C.P.A., P.A.			
Principal Place of Business 1426 SE 44TH ST CAPE CORAL, FL 33904		Mailing Address 1426 SE 44TH ST CAPE CORAL, FL 33904	
DO NOT WRITE IN THIS SPACE		66007364 	
		03162008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2689012	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVY, GERALD 1625 SE 47TH TERRACE #2 CAPE CORAL, FL 33904		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 state if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 LEVY, GERALD 1426 SE 44TH ST CAPE CORAL, FL 33904	
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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 118, 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 prepare 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: <u>Gerald Levy</u>		4/16/08 945-0848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	