

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # H22269

1. Entity Name

CUNNINGHAM & CUNNINGHAM, P.A.



Principal Place of Business

1897 PALM BCH LAKES BLVD
CROSS RDS BLDG 201
WEST PALM EBACH FL 33409
US

Mailing Address

1897 PALM BCH LAKES BLVD
CROSS RDS BLDG 201
WEST PALM BEACH FL 33409
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc.

City & State

City & State

4. FEI Number **59-2455217**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CUNNINGHAM, T J SR.
1897 PALM BEACH LAKES BLVD.
CROSS ROADS BUILDING, SUITE 201
WEST PALM BEACH FL 33409

Name

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

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

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
DP
CUNNINGHAM, T.J. SR.
1897 PALM BEACH LAKES BLVD., STE 201
WEST PALM BEACH FL 33409 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
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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
☐ Change ☐ Addition
U00000657808
03/15/07-80012-010 150.00

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

T. J. Cunningham, Sr.
P. J. Cunningham, Sr.

01-19-07

561/683-2900

Date

Daytime Phone #