

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # H89923

1. Entity Name

GLICKMAN, WITTERS & MARELL, P.A.



Principal Place of Business

% GARRY M. GLICKMAN
THE CENTURION-1601 FORUM PL STE. 110
WEST PALM BEACH FL 33401

Mailing Address

% GARRY M. GLICKMAN
THE CENTURION-1601 FORUM PL STE. 110
WEST PALM BEACH FL 33401



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2609182

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLICKMAN, GARRY M.
THE CENTURION-1601 FORUM PL STE. 1101
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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	DST	<input type="checkbox"/> Delete
NAME	GLICKMAN, GARRY M.	
STREET ADDRESS	1601 FORUM PLACE	
CITY-STATE-ZIP	W PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WITTERS, CURTIS L.	
STREET ADDRESS	1601 FORUM PLACE	
CITY-STATE-ZIP	W PALM BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MARELL, WILLIAM J.	
STREET ADDRESS	1601 FORUM PLACE	
CITY-STATE-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000632042
CITY-STATE-ZIP	02/21/07-80005-024 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/07 (561)478-1111