2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89923

Address:

City-St-Zip:

1601 FORUM PLACE

W PALM BEACH, FL 33401 US

Entity Name: GLICKMAN, WITTERS & MARELL, P.A.

FILED Jan 15, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
% GARRY M. GLICKMAN THE CENTURION-1601 FORUM PL STE. 1101 WEST PALM BEACH, FL 33401				% GARRY M. GLICKMAN 1601 FORUM PL STE. 1101 WEST PALM BEACH, FL 33401		
Current Mailing Address:				New Mailing Address:		
% GARRY M. GLICKMAN THE CENTURION-1601 FORUM PL STE. 1101 WEST PALM BEACH, FL 33401				% GARRY M. GLICKMAN 1601 FORUM PL STE. 1101 WEST PALM BEACH, FL 33401		
FEI Number:	: 59-2609182	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GLICKMAN, GARRY M. THE CENTURION-1601 FORUM PL STE. 1101 WEST PALM BEACH, FL 33401 US				GLICKMAN, GARRY M. 1601 FORUM PL STE. 1101 WEST PALM BEACH, FL 33401 US		
	named entity e of Florida.	submits this statement for the p	ourpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATURE:				01/15/2009		
	Electron	nic Signature of Registered Age	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GLICKMAN, GA 1601 FORUM F	*		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WITTERS, CUI 1601 FORUM I			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DVP (MARELL, WILL) Delete JAM J.		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: GARRY M. GLICKMAN D 01/15/2009