

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90124 045 ***150.00

DOCUMENT # J17424

1. Entity Name
PRESSER, LAHNEN & EDELMAN, P.A.



Principal Place of Business
**6622 SOUTHPOINT DR SO
SUITE 495
JACKSONVILLE, FL 32216 US**

Mailing Address
**6622 SOUTHPOINT DR SO
SUITE 495
JACKSONVILLE, FL 32216 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-2682134

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

**ELEFANT, FRED
1650 PRUDENTIAL DR
SUITE 105
JACKSONVILLE, FL 32207**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **STD** ☐ Delete
NAME **PRESSER, NEIL N**
STREET ADDRESS **6622 SOUTHPOINT DR. S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPD** ☐ Change ☒ Addition
NAME **GIEHRL, JOHN W.**
STREET ADDRESS **6622 SOUTHPOINT DR S**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPD** ☐ Delete
NAME **RANES JR, JOHN W**
STREET ADDRESS **6622 SOUTHPOINT DR. S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPD** ☐ Change ☐ Addition
NAME **EDELMAN, MATTHEW E**
STREET ADDRESS **6622 SOUTHPOINT DR.,S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPD** ☐ Delete
NAME **EDELMAN, MATTHEW E**
STREET ADDRESS **6622 SOUTHPOINT DR.,S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPD** ☐ Change ☐ Addition
NAME **LAHNEN JR, WILLIAM R**
STREET ADDRESS **6622 SOUTHPOINT DR. S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPD** ☐ Delete
NAME **LAHNEN JR, WILLIAM R**
STREET ADDRESS **6622 SOUTHPOINT DR. S.**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **PD** ☐ Delete
NAME **EDELMAN, DANIEL M**
STREET ADDRESS **6622 SOUTHPOINT DR S**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPD** ☐ Delete
NAME **BROWN, EVY E**
STREET ADDRESS **6622 SOUTHPOINT DR S**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **VPD** ☐ Change ☐ Addition
NAME **BROWN, EVY E**
STREET ADDRESS **6622 SOUTHPOINT DR S**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

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

3/25/06
Date

904-296-9333
Daytime Phone #