2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 11, 2005 8:00 am
Secretary of State
07-13-2005 90020 006 ***150.00

DOCUMENT # J52000

1. Entity Name

DOREEN M. GOLDBRONN, P.A.

66025709

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
2706 ALT 19 N STE 222 PALM HARBOR FL 34683 US	2706 ALT 19 N STE 222 PALM HARBOR FL 34683 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2767989 ☐ Applied For ☐ Not Applicable

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
GOLDBRONN, DOREEN M. 2706 ALT 19 N STE 222 PALM HARBOR FL 34683	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, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBRONN, DOREEN M. 2706 ALT 19 N #222 PALM HARBOR FL 34683 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Doreen M. Goldbronn 7/8/05 727 669-9563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 660235709

Doreen M. Goldbronn, P.A. #J52000

Attorney at Law

Phone
(727) 669-9563

Reply to:
2706 Alt. 19 No.
Suite 222
Palm Harbor, FL 34683

Fax
(727) 787-8193

July 8, 2005

Second Mailing
8/8/05

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: Doreen M. Goldbronn,P.A. #J52000

Dear Sir/Madam:

Please be advised that I did not receive the Renewal Notice for the 2005 Annual Report. Pursuant to Barbara Mitchell, an examiner with your office, I am enclosing my filing fee of $150.00 and adjusted form for 2005 Annual Report. Please note that due to our computer system we unable to download the 2005 Annual Report. I was advised by your examiner to send the adjusted form with an original signature in order to expedite this matter.

If you require any additional information from me or any additional form completed, please contact me at my Palm Harbor office.

Thank You.

Very truly yours,

Doreen M. Goldbronn
DMG/jdc

8/8/05 - My understanding from Barbara Mitchell was that the penalty would be waived as I did not receive the Renewal Notice. IF a 2005 FORM is required, please mail

Satellite Offices:
25400 US 19 No., Suite 156 • Clearwater, FL 33763
8520 Government Drive, Suite 5 • New Port Richey, FL 34654