2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 08:00 AM Secretary of State

ANNUAL REPURI			10007, 2007 00:00			
DOCUMENT # J58300 1. Entity Name LARRY J. MARCUS, P.A.				S	ecretar	y of Sta
3938 NW 53RD ST	Mailing Address 3938 N W 53RD ST BOCA RATON, FL 33496 U	S	 		: 1	
DO NOT WRITE IN THIS SPA		CE	01082007 4. FEI Numb 59-277	No Chg-P	CR2E034 (11.	
6. Name and Address of Current Reg		1	5. Certificate	OI Status Desired	Fee Re	quired
MARCUS, LARRY J. 3938 N W 53RD ST BOCA RATON, FL 33496				NOT W		
8. The above named entity submits this statement for the the obligations of registered agent. SiGNATURE Signature, typed or printed name of registered agent and total contents.		ed office or register Ra Agent signature required			DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees	02/16/07	0628971 -80038-011	150.00
10. OFFICERS AND DIR	ECTORS			<u> </u>		
ITILE NAME MARCUS, LARRY J. STREET ADDRESS CIFY-S1-ZIP BOCA RATON, FL 33496 TITLE NAME STREET ADDRESS						
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT W		
TIILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME		-	IN	THIS SI	PACE	
STREET ADDRESS CITY ST-ZIP						

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 distense employered 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:

NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OR PRINTED HAME OF SHAWING OFFICER OR DIRECTOR

561, 997-888 Daying Proces