2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # J97769

1. Entity Name
CARMAN, BEAUCHAMP & SANG, P.A.

Principal Place of Business	Mailing Address
C/O DEBORAH A. CARMAN 3335 NW BOCA RATON BLVD BOCA RATON, FL 33431 US	C/O DEBORAH A. CARMAN 3335 NW BOCA RATON BLVD BOCA RATON, FL 33431 US

01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2852642
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARMAN, KENNETH P.
3335 NW BOCA RATON BLVD
BOCA RATON, FL 33431

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000611521
02/02/07-80065-004 300.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARMAN, KENNETH P
STREET ADDRESS	3335 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	BEAUCHAMP, J. FRANK III
STREET ADDRESS	3335 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	SANG, ALLEN C
STREET ADDRESS	3335 NW BOCA RATON BLVD
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #