

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # K46063**

1. Entity Name  
ISAAC L. LEVY, P.A.



Principal Place of Business  
24 N MARKET ST  
SUITE 405  
JACKSONVILLE, FL 32202 US

Mailing Address  
24 N MARKET ST  
SUITE 405  
JACKSONVILLE, FL 32202 US

**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2915102

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LEVY, ISAAC L.  
24 N MARKET ST  
SUITE 405  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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

000000675533

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PDS  
LEVY, ISAAC L.  
24 N MARKET ST  
JACKSONVILLE, FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

03/30/07-90022-020 150.00

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

3-20-07 (904) 353-7070  
Date Daytime Phone #