

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L65938

1. Entity Name
BRUCE J. GREENSPAN, P.A.



Principal Place of Business
**1300 RIVERPLACE BLVD
103
JACKSONVILLE, FL 32207 US**

Mailing Address
**1300 RIVERPLACE BLVD
103
JACKSONVILLE, FL 32207 US**



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3006658

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENSPAN, BRUCE J
1300 RIVERPLACE BLVD
SUITE 103
JACKSONVILLE, FL 32207**

**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

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**

D. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1000001507278
04/27/06-80057-000 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREENSPAN, BRUCE J.
STREET ADDRESS	1300 RIVERPLACE BLVD SUITE 103
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 reports 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

4-13-06

Date

904-391-1000

Daytime Phone #