2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L65938

BRUCE J. GREENSPAN, P.A.



Principal Place of Business

Mailing Address

1300 RIVERPLACE BLVD

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32207

1300 RIVERPLACE BLVD 103 JACKSONVILLE, FL 32207

US

FILED Apr 23, 2007 08:00 AM Secretary of State



01162007

CR2E034 (11/05)

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 the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and atteit	applicable. (NOTE: Registere	d Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	PD GREENSPAN, BRUCE J. 1300 RIVERPLACE BLVD SUITE 103 JACKSONVILLE, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000723471 05/02/07-80071-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		, , , , , , , , , , , , , , , , , , , ,			
TITLE NAME					

12. Thereby certify that the information supplied with this filling 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 trystee 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 attainment with an address, with all other like empowered. changed, or on an atta

STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904) 391-1000