

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90450 001 ***900.00

DOCUMENT # L97951

1. Entity Name
LAW OFFICES OF FRED C. COHEN, P.A.



Principal Place of Business
712 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

Mailing Address
712 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

66011163



04182007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0219025

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COHEN, FRED C.
712 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

**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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	COHEN, FRED C.
STREET ADDRESS	712 U.S. HIGHWAY ONE
CITY-ST-ZIP	N. PALM BEACH, FL
TITLE	DVP
NAME	NORRIS, DAVID B.
STREET ADDRESS	712 U.S. HIGHWAY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL
TITLE	DS
NAME	WEINBERGER, ROBERT M.
STREET ADDRESS	712 HIGHWAY ONE
CITY-ST-ZIP	NORTH PALM BEACH, FL
TITLE	Asst.VP
NAME	Ray, Peter R.
STREET ADDRESS	712 U.S. HIGHWAY ONE
CITY-ST-ZIP	N. PALM BEACH, FL 33408
TITLE	Asst. VP
NAME	COHEN, GREGORY R.
STREET ADDRESS	712 U.S. HIGHWAY ONE,
CITY-ST-ZIP	N, PALM BEACH, FL 33408
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 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

Date

Daytime Phone #

FRED. C. COHEN

4-19-07 561. 844.3600