

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90110 028 ***150.00

DOCUMENT # P01000048652

1. Entity Name

PHILIP STEINBERG, P.A.



Principal Place of Business

3515 DEL PRADO BLVD, STE 101
CAPE CORAL FL 33904

Mailing Address

3515 DEL PRADO BLVD, STE 101
CAPE CORAL FL 33904



2. Principal Place of Business - No P.O. Box #

3332 Del Prado Blvd.

3. Mailing Address

3332 Del Prado Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-1110168

Applied For

Not Applicable

Zip

33904

Country

Lee

Zip

33904

Country

Lee

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINBERG, PHILIP
3515 DEL PRADO BLVD, STE 101
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

3332 Del Prado Blvd.

City

Cape Coral

FL

Zip Code

33904

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

Philip Steinberg

Signature, typed or printed name of registered agent and title applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

1/31/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P
STEINBERG, PHILIP
837 SW 56TH STREET
CAPE CORAL FL 33914 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
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CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Philip Steinberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/07 (239) 542-1888