

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90034 039 ***150.00

DOCUMENT # P02000006421

1. Entity Name
JASON S. GOODMAN, P.A.



Principal Place of Business Mailing Address
300 SE 14TH ST **300 SE 14TH ST**
FT LAUDERDALE FL 33316 **FT LAUDERDALE FL 33316**

40005664



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
10100 W. Sample Road **10100 W. Sample Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 323 **Suite 323**

City & State City & State
Coral Springs, FL **Coral Springs, FL**
 Zip Country Zip Country
33065 **USA** **33065** **USA**

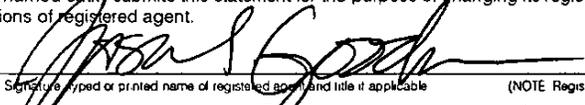
4. FEI Number Applied For
02-0536614 Not Applicable

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

6. Name and Address of Current Registered Agent
GOODMAN, JASON S
300 SE 14TH ST
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent
 Name **JASON S. GOODMAN**
 Street Address (P.O. Box Number is Not Acceptable) **10100 W. Sample Road**
Suite 323
 City **Coral Springs, FL** Zip Code **33065**

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 

DATE **1/18/05**

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

(NOTE Registered Agent signature required when reinstating)

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

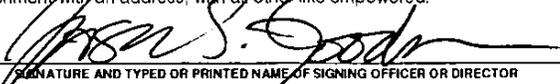
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME GOODMAN, JASON S	300 SE 14TH ST	FT LAUDERDALE FL 33316
NAME	STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME JASON S. GOODMAN	10100 W. Sample Road/Suite 323	Coral Springs, FL 33065
NAME	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

DATE **1/18/05** DAYTIME PHONE # **754-522-9322**