

# 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

300 SE 14TH ST  
FT LAUDERDALE FL 33316

Mailing Address

300 SE 14TH ST  
FT LAUDERDALE FL 33316

40005664



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

10100 W. Sample Road  
Suite, Apt. #, etc.  
Suite 323

City & State  
Coral Springs, FL

Zip Country  
33065 USA

3. Mailing Address

10100 W. Sample Road  
Suite, Apt. #, etc.  
Suite 323

City & State  
Coral Springs, FL

Zip Country  
33065 USA

4. FEI Number 02-0536614

Applied For  
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

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/18/05 754 522-9322