

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P02000082971**1. Entity Name
JEFFREY I. REISMAN, P.A.Principal Place of Business
**304 SOUTH WESTLAND AVE
TAMPA, FL 33606**Mailing Address
**304 SOUTH WESTLAND AVE
TAMPA, FL 33606****FILED**
Jul 16, 2008 08:00 AM
Secretary of State

07142008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-3705974Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****REISMAN, JEFFREY I
304 SOUTH WESTLAND AVE
TAMPA, FL 33606****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

U000000955292
07/16/08-80010-009 150.00**FILE NOW! FEE IS \$150.00
Due by September 12, 2008**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISMAN, JEFFERY I 304 SOUTH WESTLAND AVE TAMPA, FL 33606
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**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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/08

Daytime Phone #