

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-26-2007 90063 047 ***150.00

DOCUMENT # P03000030581

1. Entity Name
JOSEPH J. HUSS, P.A.



Principal Place of Business
515 EAST LAS OLAS BLVD SUITE 1100
FORT LAUDERDALE, FL 33301

Mailing Address
515 EAST LAS OLAS BLVD SUITE 1100
FORT LAUDERDALE, FL 33301

40024128



2. Principal Place of Business - No P.O. Box #
900 Southeast 3rd Ave.
Suite, Apt. #, etc.
Suite 202
City & State
Ft. Lauderdale, FL
Zip
33316
Country
USA

3. Mailing Address
900 Southeast 3rd Ave.
Suite, Apt. #, etc.
Suite 202
City & State
Ft. Lauderdale, FL
Zip
33316
Country
USA

02212007 Chg-P CR2E034 (12/06)

4. FEI Number
01-0773032
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HUSS, JOSEPH J
515 EAST LAS OLAS BLVD SUITE 1100
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
900 Southeast 3rd Ave
Suite 202
City
Ft. Lauderdale FL Zip Code
33316

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 NAME STREET ADDRESS CITY-ST-ZIP	D HUSS, JOSEPH J 515 E. LAS OLAS BLVD SUITE 1100 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 900 Southeast 3rd Ave., Suite 202 Ft. Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 it 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

2/21/07 954-7613457
Date Daytime Phone #