

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000033076

1. Entity Name

LAW OFFICES OF MITCHELL A. SHERMAN, P.A.



Principal Place of Business

7593 BOYNTON BEACH BLVD
SUITE 210
BOYNTON BEACH, FL 33437 US

Mailing Address

7593 BOYNTON BEACH BLVD
SUITE 210
BOYNTON BEACH, FL 33437 US



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0219628

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, MITCHELL A
7593 BOYNTON BEACH BLVD
SUITE 210
BOYNTON BEACH, FL 33437

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000384859
01/12/06-80022-013 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHERMAN, MITCHELL A ESQ.
STREET ADDRESS 7593 BOYNTON BEACH BLVD, SUITE 210
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
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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 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

11/9/06 501-738-120
Date Daytime Phone #