


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000076362**

1. Entity Name  
 THE LAW OFFICES OF DOV SUSSMAN, P.A.



Principal Place of Business      Mailing Address

3507 SAN LUIS STREET      3507 SAN LUIS STREET  
 TAMPA, FL 33629      TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**



08032006    No Chg-P    CR2E034 (11/05)

4. FEI Number 56-2376964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SUSSMAN, DOV  
 3507 SAN LUIS STREET  
 TAMPA, FL 33629

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

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	PVD SUSSMAN, DOV 3507 SAN LUIS STREET TAMPA, FL 33629
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1100000573830  
 08/08/06-80002-023 150.00

**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 an address, with all other like empowered.

SIGNATURE: DOV SUSSMAN President      7/31/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #