

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000042890

1. Entity Name
KORSHAK AND ASSOCIATES, P.A.



Principal Place of Business
**8680 COMMODITY CIRCLE
SUITE 200B
ORLANDO, FL 32819**

Mailing Address
**8680 COMMODITY CIRCLE
SUITE 200B
ORLANDO, FL 32819**



07032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0598571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KORSHAK, STEPHEN D
8680 COMMODITY CIRCLE
SUITE 200B
ORLANDO, FL 32819**

**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 *Stephen D. Korshak*
Signature or typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000568940
07/11/06-80705-0168
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	M KORSHAK, STEPHEN D MANAGER 8680 COMMODITY CIRCLE, SUITE 200B ORLANDO, FL 32819
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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 an address, with all other like empowered.

SIGNATURE: *Stephen D. Korshak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06
Date

407-855-3333
Daytime Phone #