

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 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



DO NOT WRITE IN THIS SPACE

07062007 No Chg-P CR2E034 (11/05)

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

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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
Due by September 14, 2007**

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 M
NAME KORSHAK, STEPHEN D MANAGER
STREET ADDRESS 8680 COMMODITY CIRCLE, SUITE 200B
CITY-ST-ZIP ORLANDO, FL 32819

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U000000768207
07/11/07-80006-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #