

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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FILED

11 MAY 18 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000033358**

1. Entity Name

**The Law Offices of Jeffrey J.
Galvan, P. A.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1900 NW CORPORATE BLVD

Suite, Apt. #, etc.

101 WEST

City & State

BOCA RATON FL

Zip

33431

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

201013089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

CR2E034B (1/11)

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7. Name and Address of Current Registered Agent

Name

WALTER P. MESSICK PA

Street Address (P.O. Box Number is Not Acceptable)

1900 NW CORPORATE BLVD

101 WEST

City

BOCA RATON

FL

Zip Code

33431

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 re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

JGALVAN@JIGLAW.COM

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
JEFFREY J. GALVAN
1900 NW CORPORATE BLVD, #101 W.
BOCA RATON, FL 33431**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

**900207261979
05/05/11 --01004--024 **300.00**

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IN THIS SPACE**

**1060
518**

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 on an attachment with an address, with all other the empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

JEFFREY GALVAN

5-12-11

DATE

561-777-5956

Daytime Phone #