

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000082888

1. Entity Name

CHARLES J. LEVIN, P.A. ATTORNEY AT LAW



Principal Place of Business

**400 N. ASHLEY DRIVE, SUITE 2300
TAMPA, FL 33602**

Mailing Address

**400 N. ASHLEY DRIVE, SUITE 2300
TAMPA, FL 33602**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number

55-0869358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVIN, CHARLES J
400 N. ASHLEY DRIVE, SUITE 2300
TAMPA, FL 33602**

**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, 2008 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

**U000000784205
01/15/08-80045-007 150.00**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME LEVIN, CHARLES J
STREET ADDRESS 400 N. ASHLEY DRIVE STE 2300
CITY-ST-ZIP TAMPA, FL 33602**

**TITLE S
NAME LEVIN, CHARLES J
STREET ADDRESS 400 N. ASHLEY DRIVE STE 2300
CITY-ST-ZIP TAMPA, FL 33602**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**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:

Charles J. Levin **Charles J. LEVIN, DIR**

12-31-07 8132745135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #