


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90089 025 \*\*\*150.00

DOCUMENT # P05000030065

1. Entity Name  
**JERRY TASSONE P.A.**



Principal Place of Business  
**4828 N SR 7 - # 208**  
**COCONUT CREEK, FL 33073**

Mailing Address  
**4828 N SR 7 - # 208**  
**COCONUT CREEK, FL 33073**

2. Principal Place of Business - No P.O. Box #  
**6472 Northwest 56th Drive**  
 Suite, Apt. #, etc.

3. Mailing Address  
**C/O Mark E. Ingber CPA PA**  
 Suite, Apt. #, etc.  
**10100 West Sample Road #306**

City & State  
**Coral Springs FL**

City & State  
**Coral Springs FL**

Zip  
**33067** Country **US**

Zip  
**33065-3975** Country **US**

04252007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-2414620**

Applied For  
 Not Applicable

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



6. Name and Address of Current Registered Agent  
**TASSONE, JERRY**  
**4828 NORTH STATE ROAD 7, APT 208**  
**COCONUT CREEK, FL 33093**

7. Name and Address of New Registered Agent  
 Name **Jerry Tassone**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6472 Northwest 56th Drive**  
 City **Coral Springs** FL Zip Code **33067**

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 Jerry Tassone DATE 4/27/07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	TASSONE, JERRY <input type="checkbox"/> Delete	TITLE D	Jerry Tassone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4828 N SR 7 - # 208		STREET ADDRESS 6472 Northwest 56th Drive	
CITY-ST-ZIP COCONUT CREEK, FL 33073		CITY-ST-ZIP Coral Springs FL 33067	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Jerry Tassone Jerry Tassone DATE 4/27/07 DAYTIME PHONE # 954-510-0109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR