


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90020 029 ***150.00

DOCUMENT # P05000030387		
1. Entity Name JOHN GAVIN DEFELICE, P.A.		

Principal Place of Business 1800 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311	Mailing Address 1800 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311
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50003722

2. Principal Place of Business 137 NE 20th Court Suite, Apt. #, etc.	3. Mailing Address 137 NE 20th Court Suite, Apt. #, etc.
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02132006 Chg-P CR2E034 (11/05)

City & State Wilton Manors, FL	City & State Wilton Manors, FL	4. FEI Number 04-3810084	Applied For Not Applicable
Zip 33305	Country USA	Zip 33305	Country USA

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

6. Name and Address of Current Registered Agent SHOEMAKER, RICHARD L CPA 612 NE 26TH STREET WILTON MANORS, FL 33305-1208	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	D DEFELICE, JOHN G 1800 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

84.547.5795

Daytime Phone #