

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000051246

1. Entity Name

FANN, PETRUCELLI & GENOVESE, P.A.



Principal Place of Business

5100 N. FEDERAL HWY
SUITE 300B
FORT LAUDERDALE, FL 33308

Mailing Address

5100 N. FEDERAL HWY
SUITE 300B
FORT LAUDERDALE, FL 33308



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2436003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, ANN-MARIE
5100 N. FEDERAL HWY
SUITE 300B
FORT LAUDERDALE, FL 33308

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000618333
02/08/07-80025-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PETRUCELLI, MICHAEL A
STREET ADDRESS	5100 N. FEDERAL HWY, SUITE 300B
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	V
NAME	FANN, DONALD J
STREET ADDRESS	5100 N. FEDERAL HWY, SUITE 300B
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	S
NAME	BROWN, BOWEN
STREET ADDRESS	5100 N. FEDERAL HWY, SUITE 300B
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	T
NAME	LEADER, MICHAEL
STREET ADDRESS	5100 N. FEDERAL HWY, SUITE 300B
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
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 507, 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

Date

Daytime Phone #

11/30/07 954 771-4118