

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90024 011 ***150.00

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1. Entity Name
HOLCHER C.P.A. GROUP, P.A.



Principal Place of Business
1000 NINTH STREET NORTH STE 502
NAPLES, FL 34102 34119
4210 3rd Ave NW

Mailing Address
1000 NINTH STREET NORTH STE 502
NAPLES, FL 34102
4210 3rd Ave NW
Naples, FL 34119

40116290



DO NOT WRITE IN THIS SPACE

05012007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-4384407

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOLCHER, MAX A
1000 NINTH STREET NORTH STE 502 4210 3rd Ave NW
NAPLES, FL 34102 34119

**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

4-30-2007

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

TITLE P
NAME HOLCHER, MAX A
STREET ADDRESS 1000 NINTH ST. N. #502 4210 3rd Ave NW
CITY-ST-ZIP NAPLES, FL 34102 34119

TITLE
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CITY-ST-ZIP

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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, name or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-2007 (239) 877-6281