

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90019 031 ***150.00

DOCUMENT # P06000138850

1. Entity Name

MICHAEL R. REITER, P.A.



Principal Place of Business

509 E. 5TH CT.
PANAMA CITY FL 32401

Mailing Address

POST OFFICE BOX 330
LYNN HAVEN FL 32444

2. Principal Place of Business - No P.O. Box #

509 E. 5TH COURT

3. Mailing Address

PO BOX 330

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

City & State

LYNN HAVEN FL

Zip

32401

Country

FLA

Zip

32444

Country

FLA

4. FEI Number

20-8519834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REITER, MICHAEL R
509 E. 5TH CT.
PANAMA CITY FL 32401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

1-31-08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

M
REITER, MICHAEL R
POST OFFICE BOX 330
LYNN HAVEN FL 32444

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Date

Day-100 Phone #

Michael R. Reiter

1-31-08 (850) 277-0777