

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90037 003 ***150.00

40122448



06282007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000146321 1. Entity Name ELLIS, GED, DOLMAN & BERMAN, P.A.					
Principal Place of Business 1870 WATEROAK DR. W CLEARWATER, FL 33764			Mailing Address 1870 WATEROAK DR. W CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box # 800 COURT STREET		3. Mailing Address 800 COURT STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clearwater Florida		City & State Clearwater		4. FEI Number 20-5921163	
Zip 33756		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DOLMAN, MATTHEW A 1870 WATEROAK DR. W CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name: Matthew A. Dolman Street Address (P.O. Box Number is Not Acceptable): 800 COURT STREET City: Clearwater FL Zip Code: 33756		
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: <u>Matthew A. Dolman</u> DATE: <u>6-28-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ELLIS, RONDA N. FEDERAL HWY BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ELLIS, CHARLES G N. FEDERAL HWY BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DOLMAN, MATTHEW A 1870 WATEROAK DR. W CLEARWATER, FL 33764 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Matthew A. Dolman 800 COURT STREET Clearwater FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BERMAN, THEODORE 1870 WATEROAK DR. W CLEARWATER, FL 33764 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	Theodore J. Berman 800 COURT STREET Clearwater, FL 33756 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Matthew A. Dolman</u> <u>6/28/07</u> <u>727-585-5000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>					

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000146321

1. Entity Name
ELLIS, GED, DOLMAN & BERMAN, P.A.



Principal Place of Business
1870 WATEROAK DR. W
CLEARWATER, FL 33764

Mailing Address
1870 WATEROAK DR. W
CLEARWATER, FL 33764

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

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Zip

Country

06282007

Chg-P

CR2E034 (12/06)

4. FEI Number

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

DOLMAN, MATTHEW A
1870 WATEROAK DR. W
CLEARWATER, FL 33764

Name

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

City

FL

Zip Code

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Due by September 14, 2007**

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Trust Fund Contribution. ☐

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In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CLEARWATER, FL 33764 ☐ Delete

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SIGNATURE:

Matthew A. Dolman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-28-07 27-585-52
Date Daytime Phone #

ATTACHMENT

40122448