

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90002 003 ***558.75

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1. Entity Name
SUSNAR & GEESEY, P.A.

Principal Place of Business
**505 SOUTH FLAGLER DRIVE
SUITE 400
WEST PALM BEACH, FL 33401**

Mailing Address
**505 SOUTH FLAGLER DRIVE
SUITE 400
WEST PALM BEACH, FL 33401**

60046848



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

1655 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.
Suite 900

City & State

West Palm Beach Florida

Zip

33401

Country

USA

3. Mailing Address

1655 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.
Suite 900

City & State

West Palm Beach FL

Zip

33401

Country

USA

09042008

Chg-P

CR2E034 (12/06)

4. FEI Number

26 1960529

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GEESEY, ALLEN R ESQ.
505 SOUTH FLAGLER DRIVE
SUITE 400
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name

Allen R. Geesey

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

1655 Palm Beach Lakes Blvd.

Suite 900

City

West Palm Beach

FL

Zip Code

33401

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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SUSNAR, LISA M ESQ.
505 SOUTH FLAGLER DRIVE #400
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GEESEY, ALLEN R ESQ.
505 SOUTH FLAGLER DRIVE #400
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Lisa M Susnar ☒ Change ☐ Addition
1655 Palm Beach Lakes Blvd. Ste 900
West Palm Beach FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Allen R. Geesey ☒ Change ☐ Addition
1655 Palm Beach Lakes Blvd. Ste 900
West Palm Beach FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #