

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90030 010 ***150.00

DOCUMENT # P93000002797



1. Entity Name

JOHN S. LEVY, P.A.

Principal Place of Business

2701 NE 145TH ST STE 3
POMPANO BEACH FL 33062

Mailing Address

2701 NE 145TH ST STE 3
POMPANO BEACH FL 33062

50007741



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

2701 NE 14th ST, Ste 3
Suite, Apt. #, etc.

3. Mailing Address

2701 NE 14th ST, Ste 3
Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach, FL

Zip

33062

Country

Broward

Zip

33062

Country

Broward

4. FEI Number

65-0380182

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, JOHN S
3050 N FEDERAL HIGHWAY, STE 200
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name John S. Levy

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

2701 NE 14th ST Suite 3

City

Pompano Beach

FL

Zip Code

33062

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

1-24-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

TITLE DPVS ☐ Delete
NAME LEVY, JOHN S
STREET ADDRESS 3050 N. FED. HWY., SUITE 200
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064-6852

TITLE T ☐ Delete
NAME LEVY, JOHN S
STREET ADDRESS 3050 N. FED. HWY., SUITE 200
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064-6852

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. AND DIRECTORS IN 11

TITLE John S. Levy ☒ Change ☐ Addition
NAME 2701 N.E. 14th St.
STREET Suite 3
CITY-ST-Pompano Beach, FL 33062

TITLE John S. Levy ☒ Change ☐ Addition
NAME 2701 N.E. 14th St.
STREET Suite 3
CITY-ST-Pompano Beach, FL 33062

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/24/05

Date

954-782-4230

Daytime Phone #