# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000003427

**1.** Entity Name
STUART L. TOCKMAN, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 8701 SW 137TH AVE STE 307 MIAMI, FL 33183   US | P.O. BOX 960640 MIAMI, FL 33296 |

## DO NOT WRITE IN THIS SPACE

01272007     No Chg-P     CR2E034 (11/05)

| **4.** FEI Number | Applied For |
|---|---|
| 65-0380875 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

TOCKMAN, STUART L ESQ
8701 SW 137TH
STE 307
MIAMI, FL 33183

## 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

**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 | TOCKMAN, STUART L |
| STREET ADDRESS | 8701 SW 137TH AVE STE 307 |
| CITY-ST-ZIP | MIAMI, FL 33183 |
| TITLE | |
| NAME | |
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02/15/07-80037-015 150.00

## DO NOT WRITE IN THIS SPACE

**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: X _____   4/31/07   305-775-2451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR       Date       Daytime Phone #