

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000044148**

1. Entity Name  
**HOLLANDER LAW OFFICE, P.A.**



Principal Place of Business  
**PO BOX 340432  
TAMPA, FL 33694-0432 US**

Mailing Address  
**PO BOX 340432  
TAMPA, FL 33694-0432 US**

**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3252591**

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

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

**HOLLANDER, JEANNE  
4623 RUE BORDEAUX  
LUTZ, FL 33558**

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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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution, ☐

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

100000520452  
05/02/06-80096-008 150.00

**10. OFFICERS AND DIRECTORS**

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | HOLLANDER, JEANNE   |
| STREET ADDRESS | PO BOX 340432       |
| CITY-ST-ZIP    | TAMPA, FL 336940432 |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

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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:** *Jeanne Hollander* **Jeanne Hollander** 4-16-06 8139099609  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #