

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90049 004 \*\*\*150.00

**DOCUMENT # P95000087338**

1. Entity Name  
**REID, METZGER & BERNHARDT, P.A.**



Principal Place of Business  
**250 AUSTRALIAN SOUTH  
SUITE 700  
WEST PALM BEACH, FL 33401 US**

Mailing Address  
**PO DRAWER 2926  
WEST PALM BEACH, FL 33402 US**

**60028797**



2. Principal Place of Business - No P.O. Box #  
**505 SOUTH FLAGLER DRIVE**

Suite, Apt. #, etc.  
**SUITE 300**

3. Mailing Address  
  
Suite, Apt. #, etc.

02012007 Chg-P CR2E034 (12/06)

City & State  
**WEST PALM BEACH, FL**

City & State

4. FEI Number  
**65-0624058**

Applied For  
Not Applicable

Zip  
**33401**

Country  
**USA**

Zip

Country

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

## 6. Name and Address of Current Registered Agent

**METZGER, JOHN T  
8396 IRONHORSE COURT  
W PALM BCH, FL 33412**

## 7. Name and Address of New Registered Agent

Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
City **FL** Zip Code

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
REID, JUSTUS W  
250 AUSTRALIAN AVE S STE 700  
W PALM BEACH, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DV  
METZGER, JOHN T  
250 AUSTRALIAN AVE SOUTH STE 700  
W PALM BCH, FL**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
REID, JUSTUS W.  
222 LAKEVIEW AVE, SUITE 1160  
WEST PALM BCH, FL 33401**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DV  
METZGER, JOHN T.  
505 SOUTH FLAGLER DRIVE, STE 300  
WEST PALM BCH, FL 33401**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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☐ 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: X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #