

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000095341

1. Entity Name
BRUCE A. MINNICK, PROFESSIONAL ASSOCIATION



Principal Place of Business
2815 REMINGTON GREEN CIRCLE
SUITE 200
TALLAHASSEE, FL 32308 US

Mailing Address
P.O. DRAWER 15588
TALLAHASSEE, FL 32317 US

FILED

2007 SEP 14 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3347029

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MINNICK, JOHN A ESQ
2815 REMINGTON GREEN CIRCLE
SUITE 200
TALLAHASSEE, FL 32308

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
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MINNICK, BRUCE A ESQ. 2815 REMINGTON GREEN CIR SUITE 200 TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MINNICK, JOHN A ESQ. 2815 REMINGTON GREEN CIR SUITE 200 TALLAHASSEE, FL 32308
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300109873469
09/25/07--01013--012 **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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Minnick President 9/13/07 386 9444

Date Daytime Phone #