## **2007 FOR PROFIT CORPORATION**

**ANNUAL REPORT** 

DOCUMENT # P95000097695

ERIC H. LUCKMAN, P.A.



Mailing Address

3652 SOUTH SEACREST BLVD BOYNTON BEACH, FL 33435

Principal Place of Business

821 SW 34TH AVE BOYNTON BEACH, FL 33435

**FILED** Apr 17, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

4. FEI Number	 Applied For	
65-0632794	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional	

5. Certificate of Status Desired

04062007

**58./5** Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ERIC H. LUCKMAN 3652 SOUTH SEACREST BLVD BOYNTON BEACH, FL 33435

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4-11-07

No Cha-P

SIGNATURE	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Regists	red Agent signature	required when reinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fin     Trust Fund Contribution	* —	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			<del></del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LUCKMAN, ERIC H 3652 SOUTH SEACREST BLVD BOYNTON BEACH, FL 33435							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. '	U00000712915 04/26/07-80067-015 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby indicated of the co-	certify that the information supplied with this fit on this report or supplemental report is true a reporation or the receiver or trastee empowered, or on an attachment with an address, with all	ing does not qualify for the e nd accurate and that my sign to execute this report as requ other like empowered.	xemptions con ature shall hav uired by Chapt	tained in Chapter 119 e the same legal effec er 607, Florida Statute	<ol> <li>Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as: and that my name appears in Block 10 or Block 11 if</li> </ol>			

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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