

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000003930	
1. Entity Name AMY S. SCHLOSSER, P.A.	

Principal Place of Business 3601 CARLTON PL BOCA RATON, FL 33496 US	Mailing Address 3601 CARLTON PL BOCA RATON, FL 33496 US
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01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0638275	Added For Not Added
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHLOSSER, AMY S 3601 CARLTON PL BOCA RATON, FL 33496	DO NOT WRITE IN THIS SPACE
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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 (type or print name of registered agent and the fee code) (NOTE: Registered Agents' signature required when amending) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SCHLOSSER, AMY S 3601 CARLTON PL BOCA RATON, FL 33496
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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 included 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 a person I am empowered.

SIGNATURE: Amy Schlosser, PRES/DIR 1/4/07 561-994-4863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR AMY S. SCHLOSSER Daytime Phone #