


# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
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DOCUMENT # **P99000067214**

1. Entity Name  
**LAW OFFICES of McVeigh + Matlack PA**



FILED  
11 JUN 10 AM 11:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #  
**1585 NE 26 ST**

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

City & State  
**Fort Lauderdale, FL**

City & State  
**FL**

Zip  
**33305**

Country  
**USA**

Zip  
**33305**

Country  
**USA**

CR2E034B (1/11)

4. FEI Number  
**65-0770615**

Applied For  
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name  
**LINDA MATLACK**

Street Address (P.O. Box Number is Not Acceptable)  
**1585 NE 26 ST**

City  
**Fort Lauderdale FL**

Zip Code  
**33305**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

E-mail Address:  
**lindamatlack@lawsoff.com**  
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>matlack, Linda M</b>
STREET ADDRESS	<b>1585 NE 26 street</b>
CITY-ST-ZIP	<b>Fort Lauderdale, FL 33305</b>
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	

**no changes**

**12/10**

**DO NOT WRITE IN THIS SPACE**

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05/09/11--01009--001 \*\*\*300:00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**12/10**

DATE  
**5/6/11**

Daytime Phone #  
**954-566-2022**