

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90096 049 \*\*\*150.00

DOCUMENT # P98000000684

1. Entity Name

JASON MARC ALTMAN, C.P.A., P.A.



Principal Place of Business

~~1903 S CONGRESS AVE STE 350~~  
BOYNTON BEACH FL 33436

Mailing Address

~~1903 S CONGRESS AVE STE 350~~  
BOYNTON BEACH FL 33436

2. Principal Place of Business

1901 S Congress Ave  
Suite, Apt. #, etc.  
118

3. Mailing Address

1901 S Congress Ave  
Suite, Apt. #, etc.  
118

City & State

Boynton Bch FL

City & State

Boynton Bch FL

Zip

33426

Country

USA

Zip

33426

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0803621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, JASON M  
~~1903 S CONGRESS AVE STE 350~~  
~~BOYNTON BEACH FL 33426~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1901 S Congress Ave

118

City

Boynton Bch

FL

Zip Code

33426

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

3/11/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME ALTMAN, JASON M  
STREET ADDRESS ~~1903 S CONGRESS AVE STE 350~~  
CITY-ST-ZIP ~~BOYNTON BEACH FL 33426~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 1901 S Congress Ave ☒ Change ☐ Addition  
NAME Ste 118  
STREET ADDRESS  
CITY-ST-ZIP Boynton Bch FL 33426

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/05

Date

Daytime Phone #