

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90207 043 \*\*\*150.00

DOCUMENT # P98000015884

1. Entity Name  
JORDAN H. JORDAN, P.A.



Principal Place of Business Mailing Address  
201 NORTH STATE ROAD SEVEN, SUITE ONE 201 NORTH STATE ROAD SEVEN, SUITE ONE  
MARGATE, FL 33063 MARGATE, FL 33063

5645  
Coral Ridge Dr, #123, Coral Springs, FL  
33076

40083232



05012006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0822322 Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JORDAN, JORDAN H  
201 NORTH STATE ROAD SEVEN, SUITE ONE  
MARGATE, FL 33063

33076

**DO NOT WRITE  
IN THIS SPACE**

5645 Coral Ridge Dr, #123 Coral Springs, FL

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**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME JORDAN, JORDAN H  
STREET ADDRESS 201 N. STATE RD 7, STE 1  
CITY-ST-ZIP MARGATE, FL 33063

5645 Coral Ridge Dr.  
#123  
Coral Springs, FL 33076

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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

Date

Daytime Phone #

5/1/06 974 970 5151