


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000054313</b>	
1. Entity Name <b>PAUL R. GOLIS, P.A.</b>	

Principal Place of Business <b>2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431</b>	Mailing Address <b>2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431</b>
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**DO NOT WRITE IN THIS SPACE**



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0843869</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GOLIS, PAUL R 2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431</b>	
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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOLIS, PAUL R 2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS GOLIS, PAUL R 2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431</b>
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04/21/05-80025-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Paul R. Golis Paul R. Golis April 19, 2005 561-367-9777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR as President Date Daytime Phone #