

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90002 040 ***150.00

DOCUMENT # P98000054313 1. Entity Name PAUL R. GOLIS, P.A.			
Principal Place of Business 2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431		Mailing Address 2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 250 N.E. 3rd Ave. Suite, Apt. #, etc. Unit 219		3. Mailing Address 250 N.E. 3rd Ave. Suite, Apt. #, etc. Unit 219	
City & State Delray Beach, FL Zip 33444 Country		City & State Delray Beach, FL Zip 33444 Country	
4. FEI Number 65-0843869		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLIS, PAUL R. 482 S. W. 9TH STREET APT. 11 BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Golis, Paul R. Street Address (P.O. Box Number is Not Acceptable) 250 N.E. 3rd Ave., Unit 219 City Delray Beach FL Zip Code 33444	
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 Paul R. Golis DATE September 4, 2008 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLIS, PAUL R 2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Golis, Paul R. 250 N.E. 3rd Ave., Unit 219 Delray Beach, FL 33444 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS GOLIS, PAUL R 2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS Golis, Paul R. 250 N.E. 3rd Ave., Unit 219 Delray Beach, FL 33444 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Paul R. Golis, President 9/4/08 561-367-9777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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