

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000065809

1. Entity Name
BOLVES & ASSOCIATES, P.A.



Principal Place of Business
**2110 E ROBINSON ST
ORLANDO, FL 32803**

Mailing Address
**2110 E ROBINSON ST
ORLANDO, FL 32803**



07142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3527311

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLVES, ERIC L
2110 E ROBINSON ST
ORLANDO, FL 32803**

**DO NOT WRITE
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

U00000576544
09/08/06-80003-015 550.00

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BOLVES, ERIC L ESQ.
STREET ADDRESS	2110 E ROBINSON ST
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VSD
NAME	BOLVES, BRIAN A ESQ.
STREET ADDRESS	62 AVALIA AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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

President
7/14/06 407 894 1002
Da e Daytime Phone #