

2005 FOR PROFIT CORPORATION
ANNUAL REPORTFILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000100793

1. Entity Name
JULIE F. WEINBERGER, P.A.Principal Place of Business
1005 EMMETT STREET
KISSIMMEE, FL 34741Mailing Address
1005 EMMETT STREET
KISSIMMEE, FL 34741

07122005 No Chg-F CR2E034 (10/03)

4. FEI Number
59-3547388Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEINBERGER, JULIE F
1005 EMMETT STREET
KISSIMMEE, FL 34741DO 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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 20059. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.183(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEINBERGER, JULIE F 1005 EMMETT STREET KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000373595
07/19/05-80005-010 150.00U00000373595
07/19/05-80005-011 8.75DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/05 407-847-2999
Date Daytime Phone #