

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000025123

1. Entity Name
DOLORES CAPLAN, P.A.



Principal Place of Business
**7712 DUNDEE LANE
DELRAY BEACH, FL 33446**

Mailing Address
**7712 DUNDEE LANE
DELRAY BEACH, FL 33446**



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 65-0908930 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CAPLAN, DOLORES
7712 DUNDEE LANE
DELRAY BEACH, FL 33446**

**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

Dolores Caplan

DOLORES CAPLAN

1-20-08

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, 2008 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 CAPLAN, DOLORES
STREET ADDRESS 7712 DUNDEE LANE
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE VD
NAME CAPLAN, IRVING B
STREET ADDRESS 7712 DUNDEE LANE
CITY-ST-ZIP DELRAY BEACH, FL 33446

TITLE ST
NAME CASEN, JOANNE CAPLAN
STREET ADDRESS 13302 GREENSHORE PL
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000793680
01/25/08-80017-010 150.00

**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:

Dolores Caplan

DOLORES CAPLAN

1/20/08

561-495-2279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #