

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000038197

1. Entity Name

ESSIE AND HOWARD SUPPO, P.A.



Principal Place of Business

20143 PALM ISLAND DR.  
BOCA RATON, FL 33498

Mailing Address

20143 PALM ISLAND DR.  
BOCA RATON, FL 33498

**DO NOT WRITE IN THIS SPACE**



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0915367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEFEN, GREGORY S  
4800 N. FEDERAL HIGHWAY #201-B  
BOCA RATON, FL 33431

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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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITLE P  
NAME SUPPO, ESSIE P  
STREET ADDRESS 20143 PALM ISLAND DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE VPS  
NAME SUPPO, HOWARD L  
STREET ADDRESS 20143 PALM ISLAND DRIVE  
CITY-ST-ZIP BOCA RATON, FL 33498

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

1000000374790  
07/28/05-80003-008 150.00

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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

Date

Daytime Phone #