

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # S18744

1. Entity Name
WARD, DAMON & POSNER, P.A.



Principal Place of Business

4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407 US

Mailing Address

4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407 US



04132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0230315

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WARD III, PHILLIP H
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407

**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

**FILE NOW!!! FEE IS \$150.00 -
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
WARD, PHILIP H III
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
DAMON, CONRAD
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
POSNER, MICHAEL J
4420 BEACON CIRCLE
WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4-17-07

Date

561-842-3000

Daytime Phone #

000000719912
05/01/07-80080-011 150.00

**DO NOT WRITE
IN THIS SPACE**