

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90274 033 ***150.00

DOCUMENT # S19008

1. Entity Name

LYNNE LEAVY, P.A.



Principal Place of Business

2300 GLADES ROAD
EAST TOWER, SUITE 205
BOCA RATON FL 33431
US

Mailing Address

99 S.E. MIZNER BLVD., #331
BOCA RATON FL 33432
US



2. Principal Place of Business

2300 Glades Rd

3. Mailing Address

← Same

1st MOORE

CR2E034 (10/05)

Suite, Apt. #, etc.
205 E

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

4. FEI Number

65-0251110

Applied For

Not Applicable

Zip

33431

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEAVY, LYNNE
99 S.E. MIZNER BLVD., #331
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LEAVY, LYNNE	
STREET ADDRESS	99 S.E. MIZNER BLVD., #331	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LEAVY, LYNNE	
STREET ADDRESS	99 S.E. MIZNER BLVD., #331	
CITY-ST-ZIP	DELRAY BEACH FL Boca Raton, FL	
TITLE		<input type="checkbox"/> Delete
NAME	33431	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynne Leavy	
STREET ADDRESS	2300 Glades Rd Suite 205 E	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynne Leavy	
STREET ADDRESS	2300 Glades Rd Suite 205 E	
CITY-ST-ZIP	Boca Raton, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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.

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #