

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # S29776**

1. Entity Name  
**EDWARD BOBICK, P.A.**



Principal Place of Business  
**9858 CLINT MOORE ROAD  
C-111 #239  
BOCA RATON, FL 33496**

Mailing Address  
**9858 CLINT MOORE ROAD  
C-111 #239  
BOCA RATON, FL 33496**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0241231**

Applied For
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BOBICK, EDWARD  
4014 NW 58TH STREET  
BOCA RATON, FL 33496**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BOBICK, EDWARD
STREET ADDRESS	4014 NW 58TH STREET
CITY - ST - ZIP	BOCA RATON, FL 33496

TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	

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02/06/06-80007-020 150.00

**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:** \_\_\_\_\_

*Edward Bobick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/06**

Date

**561 981 8833**

Daytime Phone #