

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V61471

1. Entity Name  
MAURY J. HOLLANDER & ASSOCIATES, P.A.



Principal Place of Business  
REGENCY SQUARE MALL  
9501 ARLINGTON EXWY  
JACKSONVILLE, FL 32211

Mailing Address  
8520 N HEATHER RUN DR  
JACKSONVILLE, FL 32256

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90012 044 \*\*\*150.00



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3140477

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**

HOLLANDER, MAURY J. OD  
8520 N HEATHER RUN DR  
JACKSONVILLE, FL 32256

**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, 2004 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	HOLLANDER, MAURY J. OD
STREET ADDRESS	9501 ARLINGTON EXWY
CITY - ST - ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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)(i), 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 #

2/18/04 (904) 724-7707