

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V71124</b> 1. Entity Name <b>FRANYE COVERMAN M.S.W., P.A.</b>	
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Principal Place of Business <b>580 VILLAGE BLVD #370 WEST PALM BEACH, FL 33409 US</b>	Mailing Address <b>580 VILLAGE BLVD #370 WEST PALM BEACH, FL 33409 US</b>
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04122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0368162</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>COVERMAN, FRANYE, M.S.W. 816 LAGOON LANE LANTANA, FL 33462</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	04/15/05-80074-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD COVERMAN, FRANYE 816 LAGOON LANE LANTANA, FL 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST COVERMAN, FRANYE 816 LAGOON LANE LANTANA, FL 33462</b>
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**DO NOT WRITE  
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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]* **4/12/05 561 689 9349**  
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #