

Financial Frequency ANNUAL REPORT FORM

Please complete the following to ensure that your annual report is accurately filed with the FL Division of Corporations:

Name of Business:			
Mailing Address:			
Physical Address: Same as mailing? Yes/No: _			
Member Name:			
Address:			
SSN:			
E-mail:	Phone:		
Member Name:			
Address:			
SSN:	_ D/O/B:		
E-mail:	Phone:		
NO CHANGES			

Please note, any errors or additional changes made after the annual report filing may result in additional state filing fees. Please contact us with any questions. *** Please note, ownership changes require additional legal documentation-we will contact to review and discuss.

***ANNUAL REPORTS ARE DUE BEFORE MAY 1ST TO THE FLORIDA DIVISION OF CORPORATIONS FOR YOUR COMPANY. THE ANNUAL REPORT CAN BE FILED ELECTRONICALLY BY VISITING WWW.SUNBIZ.ORG. PLEASE ENSURE THIS IS DONE PRIOR TO MAY 1ST OR THE STATE WILL ASSESS UP TO A \$500.00 LATE FILING PENALTY DEPENDING ON ENTITY TYPE WHICH CANNOT BE WAIVED. IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE WITH FILING THE REPORT PLEASE CONTACT OUR OFFICE. ***



Credit Card Authorization Form

Credit Card #:				
Billing Address:				
City:	State:	Zip Code:	HU	J TT
Expiration Date:				
CVV Code:		_		
Do you want DiS Yes or No	Salvo & Associates PLL	C as your Regi	stered Agent	?
services include:	agent has an annual impliance with the storvice for any notices o			
Registered Agen	nt Name:			
Address:	*************************************			