

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F13265

1. Entity Name
KESSLER AND GEHMAN ASSOCIATES, INC.



FILED
04 JAN 13 PM 8:45
TALLAHASSEE, FLORIDA

Principal Place of Business
507 NW 60TH ST, #C
GAINESVILLE, FL 32607

Mailing Address
507 NW 60TH ST, #C
GAINESVILLE, FL 32607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2048959

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOVACH, WALTER M
5011 NW 8TH AVE
GAINESVILLE, FL 32605

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
KESSLER, WJ
507 NW 60TH ST., #C
GAINESVILLE, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
GEHMAN, ROBERT JR
507 NW 60TH ST., #C
GAINESVILLE, FL 00000, ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
600028321316
02/06/04--01023--020 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 #



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Document Number

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Business Entity Name

KESSLER AND GEHMAN ASSOCIATES, INC.

FEI Number

592048959

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

507 NW 60TH ST, #C

Suite, Apt. #, etc.

City, State

GAINESVILLE

FL

Zip Code & Country

32607

Mailing Address

Address

507 NW 60TH ST, #C

Suite, Apt. #, etc.

City, State

GAINESVILLE

FL

Zip Code & Country

32607

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

GEHMAN

ROBERT

PRESIDE

-or- RA Business Name

Address

507 NW 60TH STREET

Suite, Apt. #, etc.

SUITE C

City, State

GAINESVILLE

FL

Zip Code & Country

32607

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Robert Gehman, Jr.

[Continue](#) [Reset](#)

[Start Over](#)

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City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

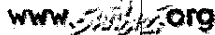
Title

President

Officer/Director Signature

Robert Gehman, Jr.

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Business Entity Name

KESSLER AND GEHMAN ASSOCIATES, INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title VT
Name (Last, First, Middle, Title) _____
-or- Entity Name KESSLER, WJ
Street Address 507 NW 60TH ST., #C
City, State GAINESVILLE, FL 00000
Zip Code & Country _____

Title PS
Name (Last, First, Middle, Title) _____
-or- Entity Name GEHMAN, ROBERT JR
Street Address 507 NW 60TH ST., #C
City, State GAINESVILLE, FL 00000
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____
City, State _____
Zip Code & Country _____

Title _____
Name (Last, First, Middle, Title) _____
-or- Entity Name _____
Street Address _____