


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # H39498		
1. Entity Name SHELDRIK, MCGEHEE & KOHLER, INC.		
Principal Place of Business	Mailing Address	
ONE INDEPENDENT DRIVE SUITE 3140 JACKSONVILLE, FL 32202	ONE INDEPENDENT DRIVE SUITE 3140 JACKSONVILLE, FL 32202	



04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2487150	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

KOHLER, NANCY D.  
ONE INDEPENDENT DRIVE  
SUITE 3140  
JACKSONVILLE, FL 32202

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	KOHLER, RICHARD
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 3140
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	ST
NAME	KOHLER, NANCY DAVIS
STREET ADDRESS	ONE INDEPENDENT DRIVE, SUITE 3140
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	VP
NAME	WRIGHT, JESS W
STREET ADDRESS	1 INDEPENDENT DRIVE SUITE 3140
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000338118  
04/28/05-80023-015 150.00

**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)(f), 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 #

*Richard E Kohler* Richard E Kohler Pres 4/26/05 904353477