2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000066930

1. Entity Name

KAUFMANN CONSULTING ENGINEERING, P.A.



Principal Place of Business

808 HAWKS BLUFF

CLERMONT, FL 34711-9510

Mailing Address

808 HAWKS BLUFF

CLERMONT, FL 34711-9510

FILED

Jan 15, 2004 08:00 AM Secretary of State



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 37-1434702 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GOLDSTEIN, BRUCE S.P.A. 500 E KENNEDY BLVD STE 200 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered offi	ce or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_					<u> </u>
	Signature, typed or printed name of registered agent and title i	supplicable (NOTE Registered Agent	signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campalgn Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS' CHY-SI-ZIP	P KAUFMANMICHAEL 808 HAWKS BLUFF CLERMONT, FL 34711				000000005291 01/15/04-80048-009 150.00
HILE Name Street Address City-St-Zip					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	•		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
THLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE MAME STREET ADDRESS GITY-ST-ZEP					
12. I hereby o	certify that the information supplied with this fill	ling does not qualify for the exemption	state	d in Section 119.07(3)	(i), Florida Statutes. I further certify that the information

12. Thereby certify that the information supplied with this liting does not qualify for the exemption stated in Section 119.07(3)(i), Forica 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 ampowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECT

1/12/04

352-243-0100

Daytime Phone #