


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000096620

1. Entity Name
KERSTIN MILBERG, P.A.



Principal Place of Business
**1639 E. CAPE CORAL PKWY., STE. 103
 CAPE CORAL, FL 33904**

Mailing Address
**1639 E. CAPE CORAL PKWY., STE. 103
 CAPE CORAL, FL 33904**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0388334

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**RANDOLPH, MICHAEL D ESQ.
 1619 JACKSON ST.
 FT. MYERS, FL 33901**

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 _____ (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**

000000287994
 04/04/05-80033-009 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILBERG, KERSTIN 6987 HIGHLAND PARK CIRCLE FT. MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILBERG, SVEN 6987 HIGHLAND PARK CIRCLE FT. MYERS, FL 33912
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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2. 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: K. Milberg Kerstin Milberg President 3-29-05 **239-980-0006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____