

Fee waived Clerical Error

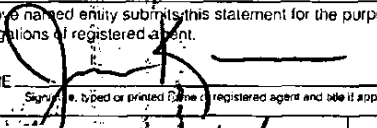
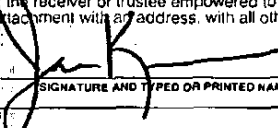
2004 FOR PROFIT CORPORATION
ANNUAL REPORT

07-26-2004 90007023 ***150.00
P04000106387

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000106387			
1. Entity Name JAMES E. KAERCHER P.A.			
Principal Place of Business 7890 SW 86TH STREET #10 MIAMI, FL 33143		Mailing Address 7890 SW 86TH STREET #10 MIAMI, FL 33143	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAERCHER, JAMES E 7890 SW 86TH STREET #10 MIAMI, FL 33143		7. Name and Address of New Registered Agent 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 		James E. Kaercher, President	
Signature is typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Fee waived due to clerical error		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	
P KAERCHER, JAMES E ☐ Delete STREET ADDRESS 7890 SW 86TH STREET #10 CITY-ST-ZIP MIAMI, FL 33143		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: 		James E. Kaercher	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	