

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000020269

1. Entity Name
ROSEMARY M. KRISTOFF, P.A.



Principal Place of Business
24430 MARSH LANDING PKWY
PONTE VEDRA BEACH, FL 32082

Mailing Address
24430 MARSH LANDING PKWY
PONTE VEDRA BEACH, FL 32082



05202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3229153

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KRISTOFF, ROSEMARY M
24430 MARSH LANDING PKWY
PONTE VEDRA BEACH, FL 32082

**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

000000367963
05/23/05-80008-002 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
KRISTOFF, ROSEMARY M
24430 MARSH LANDING PKWY
PONTE VEDRA BEACH, FL 32082

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 #