

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000085617

1. Entity Name

CPA WEALTH MANAGEMENT SERVICES, P.A.



Principal Place of Business

215 BAYTREE DRIVE
SUITE 1
MELBOURNE, FL 32940

Mailing Address

215 BAYTREE DRIVE
SUITE 1
MELBOURNE, FL 32940



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3342125

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
215 BAYTREE DRIVE
SUITE 1
MELBOURNE, FL 32940

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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 D
NAME HOYMAN, CHARLES W JR.
STREET ADDRESS 844 OAK PARK DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME OSWALT, BARBARA J
STREET ADDRESS 675 WATERWOOD WAY
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME KIRKLAND, KAREN E
STREET ADDRESS 931 PALM BROOK DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE D
NAME KIRK, THOMAS L
STREET ADDRESS 695 CANAL COURT
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000326710
04/25/05-80009-025 150.00

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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:

Thomas L. Kirk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-2005

Date

Daytime Phone #