## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 21, 2005 8:00 am Secretary of State 01-21-2005 90081 043 \*\*\*150.00

DOCUMENT # P96000097068  1. Entity Name KEVIN A. SENTNER, P.A.						01-21-2005 9	90081 04	3 ***150	.00
Principal Place of Business 13710 N US HWY 441 STE 100 LADY LAKE, FL 32159 US		Mailing Address 13710 N US HWY 441 STE 100 LADY LAKE, FL 32159 US			1 1 <b>10</b> 17 10 11 11		3950 1111	1 <b>82118 8118</b> 1 58117	12) li 189)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122005	Chg-P	CR2E03	34 (10/03)	
City & State		City & State			4. FEI Number 59-3417208		Applied For Not Applicable		
Zip	Country	Zìp	Coun	try		of Status Desired	L F	8.75 Addit ee Required	
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name							
SENTNER, KEVIN A 33014 KARL COURT LEESBURG, FL 34788				Sentner, Kevin A.  Street Address (P.O. Box Number is Not Acceptable) 2327 Springs Landing Boulevard					
				City Longwood			FL 32799		
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									
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			Ă	55.00 May Be added to Fees	CHANGES TO OFFI	CERS AND	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete TITT SENTNER, KEVIN NAI 2327 SPRING HANDING BOULEVARD STR			E P SET ADORESS 2	Sentner, 2327 Spr	Kevin ings Land	X ling E	<b>∏</b> Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		·	<del>:Ongwoou</del>	<del>, FL 3277</del>	<del>.y</del>	☐ Change	☐ Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		Delete	STRE	E EET ADORESS -ST-ZIP	-			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition
indicated of the cor	certify that the information supplied with lon this report or supplemental report is rporation or the receiver or trustee emp , or on an attachment with an address,	s true and accurate and that movered to execute this report	ny signa as requi	ture shall have th	he same lenal effor	t as if made under o	oth: that I ar	m an afticar a	or director

Kevin A. Sentner 01/17/05 352-753-\$333 GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #