

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000085284

1. Entity Name

KERSENBROCK ENTERPRISES, INC.



Principal Place of Business

735 PINE SHORES CIRCE
NEW SMYRNA BEACH, FL 32168

Mailing Address

735 PINE SHORES CIRCE
NEW SMYRNA BEACH, FL 32168



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3600515

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

KERSENBROCK, GERALD
735 PINE SHORES CIRCLE
NEW SMYRNA BEACH, FL 32168

**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

Gerald Kersebrook
Signature, typed or printed name of registered agent and title if applicable

Gerald Kersebrook
(NOTE: Registered Agent signature required when reappointing)

4-20-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KERSENBROCK, GERALD
STREET ADDRESS 735 PINE SHORES CIRCLE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE STD
NAME KERSENBROCK, VIRGINIA
STREET ADDRESS 735 PINE SHORES CIRCLE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

UD00000124627
04/22/04-80052-016 150.00

**DO NOT WRITE
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerald Kersebrook *Gerald Kersebrook* *4-20-04* *386-8718416*