


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000108530**

1. Entity Name  
**KENT AND CORMICAN, P.A.**



Principal Place of Business      Mailing Address

**800 EAST BROWARD BOULEVARD  
 SUITE 310  
 FORT LAUDERDALE, FL 33301**

**PO BOX 2527  
 FORT LAUDERDALE, FL 33303**

**DO NOT WRITE IN THIS SPACE**



07132005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0980395</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KENT, NORMAN  
 800 EAST BROWARD BOULEVARD  
 SUITE 310  
 FORT LAUDERDALE, FL 33301**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PTD KENT, NORM 800 EAST BROWARD BOULEVARD, SUITE 310 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORMICAN, RUSSELL 800 EAST BROWARD BOULEVARD, SUITE 310 FORT LAUDERDALE, FL 33301
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 08/15/05-80008-007 150.00

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:** \_\_\_\_\_      **7/13/05**      **954-763-1900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #