


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000108530

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



Principal Place of Business
 800 EAST BROWARD BOULEVARD
 SUITE 310
 FORT LAUDERDALE, FL 33301

Mailing Address
 PO BOX 2527
 FORT LAUDERDALE, FL 33303



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0980395 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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be
 Added to Fees

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/08/06-80055-005 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date: 1/24/06 984 763/90 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR