

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # K22317

1. Entity Name  
 738 CORPORATION



Principal Place of Business  
 738 LOGGERHEAD ISLAND DR  
 SATELLITE BEACH, FL 32937

Mailing Address  
 738 LOGGERHEAD ISLAND DR  
 SATELLITE BEACH, FL 32937



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2902458 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

KIRSCHNER, STANLEY M.  
 738 LOGGERHEAD ISLAND DR  
 SATELLITE BEACH, FL 32937

**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**  
**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 D  
 NAME KIRSCHNER, STANLEY M.  
 STREET ADDRESS 738 LOGGERHEAD ISLAND DR  
 CITY - ST - ZIP SATELLITE BCH, FL

TITLE D  
 NAME KIRSCHNER, GREGORY  
 STREET ADDRESS 508 ISLAND COURT  
 CITY - ST - ZIP INDIAN HARBOR BEACH, FL

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
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 CITY - ST - ZIP

U00000378582  
 01/09/06-80013-018 150.00

**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: Stanley Kirschner 1/3/06 321-773-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STANLEY KIRSCHNER