

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 297023

Entity Name: FELKER-SESSIONS, INC.**Current Principal Place of Business:**308 SOUTH PIMLICO STREET
ST AUGUSTINE, FL 32092**Current Mailing Address:**308 SOUTH PIMLICO STREET
ST AUGUSTINE, FL 32092 US**FEI Number:** 59-1104713**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FELKER, PAUL
308 SOUTH PIMLICO STREET
ST AUGUSTINE, FL 32092 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY, TREASURER, DIRECTOR
Name	MURPHY, JAMES J
Address	208 BELMONT DR
City-State-Zip:	SAINT JOHNS FL 32259

Title	PRESIDENT, DIRECTOR
Name	FELKER, PAUL J JR.
Address	308 SOUTH PIMLICO STREET
City-State-Zip:	ST AUGUSTINE FL 32092

Title	VP, DIRECTOR
Name	FELKER, CAREN
Address	308 SOUTH PIMLICO STREET
City-State-Zip:	ST AUGUSTINE FL 32092

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL FELKER

DIRECTOR

04/18/2025

Electronic Signature of Signing Officer/Director Detail_____
Date