

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000058399

**Entity Name:** KATHLEEN MANFREDI, P.A.

**Current Principal Place of Business:**

12008 SOUTH SHORE BLVD.  
SUITE 201  
WELLINGTON, FL 33414

**Current Mailing Address:**

12008 SOUTH SHORE BLVD.  
SUITE 201  
WELLINGTON, FL 33414

**FEI Number:** 20-2710283

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MANFREDI, KATHLEEN  
6446 DUCKWEED ROAD  
LAKE WORTH, FL 33449 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 P  
Name MANFREDI, KATHLEEN  
Address 6446 DUCKWEED ROAD  
City-State-Zip: LAKE WORTH FL 33449

Title VP  
Name MANFREDI, KATHLEEN  
Address 6446 DUCKWEED ROAD  
City-State-Zip: LAKE WORTH FL 33449

Title SEC  
Name MANFREDI, KATHLEEN  
Address 6446 DUCKWEED ROAD  
City-State-Zip: LAKE WORTH FL 33449

Title T  
Name MANFREDI, KATHLEEN  
Address 6446 DUCKWEED ROAD  
City-State-Zip: WELLINGTON FL 33449

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:** KATHLEEN MANFREDI

**PRESIDENT**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date