

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V06603

**Entity Name:** CHARLES S. CAULKINS, P.A.

**Current Principal Place of Business:**

450 E. LAS OLAS BLVD  
STE 800  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

450 E. LAS OLAS BLVD  
STE 800  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 65-0301823

**Certificate of Status Desired:** No

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

CAULKINS, CHARLES S  
SUITE 800  
450 EAST LAS OLAS BLVD.  
FORT LAUDERDALE, FL 33301 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 D  
Name CAULKINS, CHARLES S  
Address SUITE 800, 450 E. LAS OLAS BLVD.  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** CHARLES S. CAULKINS

**PARTNER**

**01/12/2015**

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

\_\_\_\_\_  
Date