



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90013 018 \*\*\*150.00

<b>DOCUMENT # 601787</b>					
<b>1. Entity Name</b> KRUMHOLTZ & LUNSFORD, P.A.					
<b>Principal Place of Business</b> 7301A W PALMETTO PK RD STE 104C BOCA RATON, FL 33433 US			<b>Mailing Address</b> 7301A W PALMETTO PK RD STE 104C BOCA RATON, FL 33433 US		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.		40094659 	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-1278064	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BROWN, JEFF M 3785 N FED HWY BOCA RATON, FL 33431				<b>7. Name and Address of New Registered Agent</b> Name <u>Tanner, Lewis R.</u> Street Address (P.O. Box Number is Not Acceptable) <u>7301-A W Palmetto Park Rd.</u> <u>Suite 104C</u> City <u>Boca Raton</u> <b>FL</b> Zip Code <u>33433</u>	
<b>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.</b> SIGNATURE <u>[Signature]</u> (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE PD NAME KRUMHOLTZ, J.A. STREET ADDRESS 7301A W PALMETTO PK RD, 104C CITY-ST-ZIP BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME LUNSFORD, J.L. STREET ADDRESS 7301A W PALMETTO PK RD, 104C CITY-ST-ZIP BOCA RATON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MAZZEI, LEANNE STREET ADDRESS 7301-A W PALMETTO PARK RD, SUITE 104C CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>James A. Krumholtz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					