



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 602141</b> 1. Entity Name <b>FEE &amp; KOBLEGARD, P.A.</b>	
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Principal Place of Business <b>401 SOUTH INDIAN RIVER DR FORT PIERCE, FL 34950 US</b>	Mailing Address <b>401 SOUTH INDIAN RIVER DR FORT PIERCE, FL 34950 US</b>
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**DO NOT WRITE IN THIS SPACE**



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1294882</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FEE, FRANK H III  
401 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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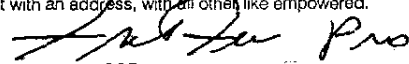
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KOBLEGARD, RN III 2319 S INDIAN RIVER DR FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FEE, FRANK H III 2821 S INDIAN RIVER DR FORT PIERCE, FL 34982
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04/02/05-80020-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an other like empowered.

SIGNATURE:  **Mar 30, 2005** **772-461-5020**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #