

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2005 8:00 am
Secretary of State

07-19-2005 90038 027 ***550.00

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1. Entity Name
LAMN, KRIELOW & DYTRYCH, P.A.



Principal Place of Business
2700 PGA BLVD SUITE 203
PALM BEACH GARDENS, FL 33410

Mailing Address
2700 PGA BLVD SUITE 203
PALM BEACH GARDENS, FL 33410

50056074



07132005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1488101

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAMN (CHARLES L.)
49 GOLFVIEW DRIVE
TEQUESTA, FL 33458

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRIELOW, GARY R 4213 HICKORY DRIVE PALM BEACH GARDEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DYTRYCH, MARTIN A 12886 LAROCHELLE CIRCLE 18710 SE Pinecreek PALM BEACH GARDENS, FL Tequesta, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMN, CHARLES 49 GOLFVIEW DRIVE TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP ROSENKRANCE, GARTH E 6368 ROBINSON STREET 7892 162nd Court N. PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Gary R. Krielow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres

7/14/05

Date

Daytime Phone #

561-694-1040