

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90053 044 ***150.00

DOCUMENT # 610367

1. Entity Name

LEONARD KINKER, C.P.A., P.A.



Principal Place of Business

2929 EAST COMMERCIAL BLVD.
#208
FT LAUDERDALE FL 33308

Mailing Address

4710 NE 26 AVE
FT LAUDERDALE FL 33308



2. Principal Place of Business - No P.O. Box #

2787 EAST OAKLAND BLVD

3. Mailing Address

Suite, Apt. #, etc.

305

Suite, Apt. #, etc.

City & State

FT LAUD FL

City & State

Zip

33306

Country

Florida

Zip

Country

4. FEI Number

59-1875965

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

KINKER, LEONARD
2929 E. COMMERCIAL BLVD. #208
FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 here if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD ☐ Delete
NAME: KINKER, LEONARD
STREET ADDRESS: 2929 E COMMERCIAL BV 208
CITY-ST-ZIP: FT LAUDERDALE FL

TITLE: VP ☐ Delete
NAME: GEBERT, TRACY
STREET ADDRESS: 2929 E. COMMERCIAL BLVD STE 208
CITY-ST-ZIP: FORT LAUDERDALE FL 33308

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Leonard Kinker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/07

NY 612 2099