2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 A Secretary of State

	\sim		1 11	\ A	N	T	#	മാ	1225
IJ	u	ادا	UΠ	VΙ	N		#	\mathbf{v}	tととい

1. Entity Name

LAW OFFICES OF DAVID B. KESLER, P.A.



Principal Place of Business

65 SIXTY-FIFTH ST SO ST PETERSBURG, FL 33707 Mailing Address

65 SIXTY-FIFTH ST SO ST PETERSBURG, FL 33707



古法律制度

04162008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1943348

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KESLER, DAVID B 65 SIXTY-FIFTH ST SO ST. PETERSBURG, FL 33707

SIGNATURE:

DO NOT WRITE

		ļ	· · · · · · · · · · · · · · · · · · ·								
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 revisitating) DATE											
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May E Added to Fees								
10.	OFFICERS AND DIREC	TORS	OFFICE OF THE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
TITLE POLICE NAME STREET ADDRESS CITY-ST-ZIP	PD KESLER, DAVID B 65 SIXTY-FIFTH ST SO ST PETERSBURG, FL 33707										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			minnis	05/06/08-80014-003	150±001 150±001						
TITLE NAME STREET ADDRESS CITY-SI-ZIP			9471 24 D	O NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			I	N THIS SPACE	The same of						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
NAME ,	The state of the s	in the second se									
12. I hereby certify that the information supplied with this filling 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 true de empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 il changed, or on an attachment with end address, with all other like empowered.											

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR