

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90336 003 ***150.00

DOCUMENT # 852800

1. Entity Name
KAZMAIER ASSOCIATES, INC.



Principal Place of Business

**676 ELM ST
CONCORD, MA 01742**

Mailing Address

**676 ELM ST
CONCORD, MA 01742**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number
04-2604321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES INC
526 E PARK AVENUE
TALLAHASSEE, FL 32301**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KAZMAIER, RICHARD W., JR.
STREET ADDRESS 24 DOCKSIDE LANE PMB #29
CITY-ST-ZIP KEY LARGO, FL 33037

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

TITLE T ☒ Delete
NAME GNALL, JOHN E
STREET ADDRESS 14 IRIS COURT
CITY-ST-ZIP ACTON, MA 01720

TITLE T ☒ Change ☐ Addition
NAME Kazmaier, Richard W., Jr.
STREET ADDRESS 24 Dockside Lane PMB #29
CITY-ST-ZIP Key Largo, FL 33037

TITLE VD ☐ Delete
NAME KAZMAIER, PATRICIA H.
STREET ADDRESS 24 DOCKSIDE LANE PMB #29
CITY-ST-ZIP KEY LARGO, FL 33037

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

TITLE D ☐ Delete
NAME COHEN, PHILLIP A
STREET ADDRESS 3140 S OCEAN BLVD SUITE 404 S6
CITY-ST-ZIP PALM BEACH, FL 33480

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

TITLE V ☐ Delete
NAME RUXIN, ROBERT H.
STREET ADDRESS 8 LARCHMONT LN
CITY-ST-ZIP LEXINGTON, MA

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

TITLE S ☒ Delete
NAME CHAR, PAULA F
STREET ADDRESS 152 HARBOR VIEW RD
CITY-ST-ZIP MILTON, MA 02186

TITLE S ☒ Change ☐ Addition
NAME Ruxin, Robert H.
STREET ADDRESS 8 Larchmont Ln
CITY-ST-ZIP Lexington, MA 02140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.28.04 9783711782