

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 12, 2005 08:00 AM
Secretary of State

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

1st MOORE

CR2E034 (10/04)

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

NRAI SERVICES INC
526 E PARK AVENUE
TALLAHASSEE FL 32301

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD	<input type="checkbox"/> Delete
NAME	KAZMAIER, RICHARD W., JR.	
STREET ADDRESS	24 DOCKSIDE LANE PMB #29	
CITY- ST- ZIP	KEY LARGO FL 33037	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAZMAIER, RICHARD W JR	
STREET ADDRESS	24 DOCKSIDE LANE PMB # 29	
CITY- ST- ZIP	KEY LARGO FL 33037	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KAZMAIER, PATRICIA H.	
STREET ADDRESS	24 DOCKSIDE LANE PMB #29	
CITY- ST- ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, PHILLIP A	
STREET ADDRESS	3140 S OCEAN BLVD SUITE 404 S6	
CITY- ST- ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUXIN, ROBERT H.	
STREET ADDRESS	8 LARCHMONT LN	
CITY- ST- ZIP	LEXINGTON MA	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUXIN, ROBERT H	
STREET ADDRESS	8 HARCHMONT LN	
CITY- ST- ZIP	LEXINGTON MA 02140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	000000300452 04/12/05-80020-012 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

Richard W. Kazmaier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/06

978 371-1732