

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-10-2004 90033 005 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # G70117					
1. Entity Name KESSEL KIRSCHNER REAL ESTATE GROUP, INC.					
Principal Place of Business 1332 DESOTO STREET MELBOURNE FL 32935-7070 US			Mailing Address 1332 DESOTO STREET MELBOURNE FL 32935-7070 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2413855	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
KESSEL, KIRK W. 1332 DESOTO STREET MELBOURNE FL 32935-7070				7. Name and Address of New Registered Agent	
				Name STANLEY M KIRSCHNER	
				Street Address (P.O. Box Number is Not Acceptable) 1332 DESOTO STREET	
				City MELBOURNE	FL Zip Code 32935
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				DATE 2/3/04	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when restoring)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KESSEL, KIRK W	NAME			
STREET ADDRESS	1332 DESOTO STREET	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935-7070	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRSCHNER, STAN M	NAME			
STREET ADDRESS	1332 DESOTO STREET	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935-7071	CITY-ST-ZIP			
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRSCHNER, GREG A	NAME			
STREET ADDRESS	1332 DESOTO STREET	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935-7070	CITY-ST-ZIP			
TITLE	DM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRSCHNER, STANLEY M	NAME			
STREET ADDRESS	1332 DESOTO STREET	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE FL 32935-7071	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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:				Date 3/18/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	