## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT # H82273** 

1. Entity Name KUNMANN & KUNMANN, P.A.

Principal Place of Business Mailing Address

300 E. PALMETTO PARK RD. BOCA RATON, FL 33432

300 E. PALMETTO PARK RD. BOCA RATON, FL 33432

**FILED** Jan 08, 2007 08:00 AM Secretary of State



DO	<b>NOT</b>	<b>WRITE</b>	IN THIS	<b>SPACE</b>
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01032007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2587343 Not Applicable

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

6. Name and Address of Current Registered Agent

KUNMANN, EDMOND J. 300 E. PALMETTO PARK RD.

## DO NOT WRITE

BOCA RATON, FL 33432			IN THIS SPACE					
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS					<b>'</b> · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUNMANN, EDMOND J ESQ. 300 E. PALMETTO PK RD BOCA RATON, FL 33432							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000577781 01/09/07-80004-001 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					٠			
TITLE					· ·			

12. I hereby certify that the information supplied with this filing 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PR IE OF SIGNING OFFICER OR DIRECTOR