

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # K54855	
1. Entity Name MICHAEL G. KENT, P.A.	
Principal Place of Business 340 MIRACLE STRIP PKWY STE 13 205 Brooks St. SE FT WALTON BCH, FL 32548 US	Mailing Address 340 MIRACLE STRIP PKWY STE 13 205 Brooks St. SE FT WALTON BCH, FL 32548 US



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2930946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KENT, MICHAEL G. 340 MIRACLE STRIP PKWY STE 13 205 Brooks St., SE Suite 201 FT. WALTON BEACH, FL 32548
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**DO NOT WRITE
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

Signature, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/04

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS KENT, MICHAEL G. 340 MIRACLE STRIP PKWY, SUITE 13 205 Brooks St SE FT. WALTON BCH, FL Suite 201
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04/12/04-80028-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, or like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL G. KENT

DATE

Daytime Phone #

4/7/04 **850-664-6000** **#203**