

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90095 035 ***550.00

DOCUMENT # L13168

1. Entity Name

**KENNETH C. SUNDHEIM, ESQUIRE, PROFESSIONAL
ASSOCIATION**



Principal Place of Business

1051 E. OCEAN BLVD.
#3
STUART FL 34996
US

Mailing Address

1051 E. OCEAN BLVD.
#3
STUART FL 34996
US

54060416



MOORE CR2E034 (11/03)

2. Principal Place of Business

212 W. Ocean Blvd.

Suite, Apt. #, etc.

3. Mailing Address

212 W. Ocean Blvd.

Suite, Apt. #, etc.

4. FEI Number

65-0144632

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUNDHEIM, KENNETH C.
1051 E. OCEAN BLVD.
#3
STUART FL 34996

7. Name and Address of New Registered Agent

Name Kenneth C. Sundheim

Street Address (P.O. Box Number is Not Acceptable)

212 W. Ocean Blvd.

City Stuart

FL

Zip Code 34994

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

7-6-04

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME SUNDHEIM, KENNETH C
STREET ADDRESS 1886 NE MEDIA AVE
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE S ☒ Delete
NAME WHITE, DONNA L
STREET ADDRESS 1886 NE MEDIA AVE
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME Shawnee Smith
STREET ADDRESS 1002 NW 15th Terr.
CITY-ST-ZIP Stuart, FL 34994

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

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-6-04 - 772-81-7729