2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 01, 2005 8:00 am
Secretary of State
02-01-2005 90019 015 ***150.00

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01112005 Chg-P CR2E034 (10/03)

DOCUMENT # L13168

1. Entity Name
KENNETH C. SUNDHEIM, ESQUIRE, PROFESSIONAL ASSOCIATION

Principal Place of Business
212 W. OCEAN BLVD
STUART, FL 34994 US

Mailing Address
212 W. OCEAN BLVD
STUART, FL 34994 US

2. Principal Place of Business: 955 S. FED HWY
Suite, Apt. #, etc.: 201
City & State: STUART FL
Zip: 34994 Country: USA

3. Mailing Address: SAME
Suite, Apt. #, etc.: SAME
City & State: SAME
Zip: SAME Country: SAME

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.
212 W. OCEAN BLVD
STUART, FL 34994

7. Name and Address of New Registered Agent
Name: KENNETH C. SUNDHEIM
Street Address (P.O. Box Number is Not Acceptable): 955 S. FED. HWY, STE 201
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: _____ 1-27-05
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SUNDHEIM, KENNETH C	NAME	
STREET ADDRESS	1886 NE MEDIA AVE	STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, SHAWNEE	NAME	
STREET ADDRESS	1022 NW 15TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	STUART, FL 34994	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: _____ PRES. 1-27-05 772-981-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #