2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # L13168

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

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

4UUUJJJ/

2. Principal Place of Business: 955 S. FED HWY	3. Mailing Address: SAME
Suite, Apt. #, etc.: 201	Suite, Apt. #, etc.: SAME
City & State: STUART FL	City & State: SAME
Zip: 34994 Country: USA	Zip: SAME Country: SAME

01112005 Chg-P CR2E034 (10/03)

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	7. Name and Address of New Registered Agent
SUNDHEIM, KENNETH C. 212 W. OCEAN BLVD STUART, FL 34994	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 [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		
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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: [signature] PRES. 1-27-05 772-781-7727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #