

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L32495

1. Entity Name
H. E. KAUFMANN AND ASSOCIATES, INC.



Principal Place of Business
**5663 CLIFTON LANE
JACKSONVILLE, FL 32211**

Mailing Address
**5663 CLIFTON LANE
JACKSONVILLE, FL 32211**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2978713

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAUFMANN, HARRY E., III
5663 CLIFTON LANE
JACKSONVILLE, FL 32211**

**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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000389651
01/20/06-80049-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAUFMANN, HARRY E., III
STREET ADDRESS	5663 CLIFTON LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	VST
NAME	KAUFMANN, MERILYN C.
STREET ADDRESS	5663 CLIFTON LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Harry E. Kaufmann, III
Harry E. Kaufmann, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/06

Date

(904)725-6452

Daytime Phone