2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L32495

1. Entity Name

H. E. KAUFMANN AND ASSOCIATES, INC.



FILED Jan 10, 2007 08:00 AM Secretary of State

Principal Place of Business

5663 CLIFTON LANE JACKSONVILLE, FL 32211 Mailing Address

5663 CLIFTON LANE JACKSONVILLE, FL 32211



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2978713

Applied For Not Applicable

725-645

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

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 alignature required when refrestating) DATE					
FILE NOWN! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAUFMANN, HARRY E., III 5663 CLIFTON LANE JACKSONVILLE, FL 32211				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KAUFMANN, MERILYN C. 5863 CLIFTON LANE JACKSONVILLE, FL 32211				000000580751 01/10/07-80061-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		·		
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.					