


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L70078 1. Entity Name ECKHOUSE, KULMAN AND ASSOCIATES, INC.		
Principal Place of Business 33 SOUTHEAST SEVENTH STREET SUITE L BOCA RATON, FL 33432	Mailing Address 33 SOUTHEAST SEVENTH STREET SUITE L BOCA RATON, FL 33432	



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0190314	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent GLASSER, GENE K. 100 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000776408
01/09/08 00022-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTD KULMAN, PEYTON 33 S. E. 7TH ST., SUITE L BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KULMAN, LINDA 33 S. E. 7TH ST., SUITE L BOCA RATON, FL 33432
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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:  **1/4/08** **561-395-0771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #