2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000085335

1. Entity Name
DR. CHARLES W KESSINGER, D.C., P.A.

Principal Place of Business	Mailing Address
1901 FOGARTY AVE KEY WEST, FL 33040	1901 FOGARTY AVE KEY WEST, FL 33040

04182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3089364
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VINCENT, W MICHAEL
1901 FOGARTY AVE
KEY WEST, FL 33040

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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 W. Michael Vincent W. MICHAEL VINCENT 4-20-04
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, 2004 Fee will be $550.00

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

U00000123969
04/22/04-80025-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VINCENT, W. MICHAEL
STREET ADDRESS	1901 FOGARTY AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	ST
NAME	VINCENT, MICHAEL W
STREET ADDRESS	1901 FUGARTY AVE.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	V
NAME	KESSINGER, CHARLES W
STREET ADDRESS	1901 FOGARTY AVENUE
CITY-ST-ZIP	KEY WEST, FL 33040
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 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: W. Michael Vincent W. MICHAEL VINCENT 4-20-04 305-296-7533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #