



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000087303</b>																																										
1. Entity Name VICTORIA JAENSCH KARINS, P.A.																																										
Principal Place of Business 5040 COMMONWEALTH DRIVE SARASOTA, FL 34242		Mailing Address 5040 COMMONWEALTH DRIVE SARASOTA, FL 34242																																								
<b>DO NOT WRITE IN THIS SPACE</b>																																										
<div style="text-align: right;">02232005    No Chg-P    CR2E034 (10/03)</div> <table border="1" style="width: 100%;"><tr><td>4. FEI Number 65-1038044</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75</b> Additional Fee Required</td></tr></table>			4. FEI Number 65-1038044	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																					
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6. Name and Address of Current Registered Agent  KARINS, VICTORIA J 5040 COMMONWEALTH DRIVE SARASOTA, FL 34242		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																																										
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																								
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width: 100%;"><tr><td style="width: 15%;">TITLE</td><td>D</td></tr><tr><td>NAME</td><td>KARINS, VICTORIA J</td></tr><tr><td>STREET ADDRESS</td><td>5040 COMMONWEALTH DRIVE</td></tr><tr><td>CITY - ST - ZIP</td><td>SARASOTA, FL 34242</td></tr><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>KARINS, VICTORIA J</td></tr><tr><td>STREET ADDRESS</td><td>5040 COMMONWEALTH DRIVE</td></tr><tr><td>CITY - ST - ZIP</td><td>SARASOTA, FL 34242</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	D	NAME	KARINS, VICTORIA J	STREET ADDRESS	5040 COMMONWEALTH DRIVE	CITY - ST - ZIP	SARASOTA, FL 34242	TITLE	P	NAME	KARINS, VICTORIA J	STREET ADDRESS	5040 COMMONWEALTH DRIVE	CITY - ST - ZIP	SARASOTA, FL 34242	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<div>U000000245440 02/28/05-80024-022 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>
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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:  <b>Victoria J. Karins</b>		2/23/05    941-927-2708																																								
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date    Daytime Phone #</small>																																								