


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000015029
 1. Entity Name
 GEORGE A. KOKUS, P.A.



| Principal Place of Business | Mailing Address |
|---|---|
| 1521 S.W. LEJEUNE RD. CORAL GABLES, FL 33134 | 1521 S.W. LEJEUNE RD. CORAL GABLES, FL 33134 |

DO NOT WRITE IN THIS SPACE



| | |
|---|--|
| 4. FEI Number 65-1074794 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

 FORMAN, TERRY J
 1521 S.W. LEJEUNE RD.
 CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOKUS, GEORGE A 1521 S.W. LEJEUNE RD. CORAL GABLES, FL 33134 |
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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)(f), 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: George A. Kokus **George A. Kokus** 5-2-05 303-639-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #