


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90570 035 ***150.00

DOCUMENT # P01000022551 1. Entity Name JOHN F. KURZON, INC.			
Principal Place of Business 6442 SEABURY WAY ORLANDO, FL 32818		Mailing Address 6442 SEABURY WAY ORLANDO, FL 32818	
2. Principal Place of Business 5320 DONMAR ST.		3. Mailing Address 5320 DONMAR ST.	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
City & State APOPKA, FL		City & State APOPKA, FL	
Zip 32703		Zip 32703	
Country USA		Country USA	
4. FEI Number 59-3700760		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 KURZON, JOHN F 6442 SEABURY WAY ORLANDO, FL 32818		7. Name and Address of New Registered Agent Name KURZON, JOHN F. Street Address (P.O. Box Number is Not Acceptable) 5320 DONMAR ST. City APOPKA, FL Zip Code 32703	
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 reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME KURZON, JOHN F STREET ADDRESS 6442 SEABURY WAY CITY-ST-ZIP ORLANDO, FL 32818	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KURZON, JOHN F. STREET ADDRESS 5320 DONMAR ST. CITY-ST-ZIP APOPKA, FL, 32703		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/05 Daytime Phone # 407-256-2120	