

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053776

Entity Name: DAVID KIRSCHNER, INC.

FILED
May 07, 2005
Secretary of State

Current Principal Place of Business:

6501 W MINUTEMAN ST
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

PO BOX 1507
CLEWISTON, FL 334401507

New Mailing Address:

FEI Number: 65-1107992 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHNER, HANNAH
6501 W MINUTEMAN ST
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: KIRSCHNER, DAVID
Address: PO BOX 1507
City-St-Zip: CLEWISTON, FL 334401507

Title: ST () Delete
Name: KIRSCHNER, JONI
Address: 6501 W MINUTEMAN ST
City-St-Zip: HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KIRSCHNER

DPV

05/07/2005

Electronic Signature of Signing Officer or Director

_____ Date