## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1

FILED Jan 24, 2005 08:00 AM **Secretary of State DOCUMENT # P01000074238** 1. Entity Name BARRY KERSNER, P.A. Principal Place of Business\_ Mailing Address 2500 WESTON ROAD STE 105 2500 WESTON ROAD STE 105 WESTON, FL 33331 WESTON, FL 33331 01202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0512479 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KERSNER, BARRY DO NOT WRITE 2500 WESTON ROAD STE 105 WESTON, FL 33331\_ 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE KERSNER, BARRY NAME 370 SOMMERSET WAY STREET ADDRESS U00000192634 01/25/05-80026-013 150.00 CITY-ST-ZIP WESTON, FL 33326 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 attachagent with an address, with all other like empowered,

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: (

Kei AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR